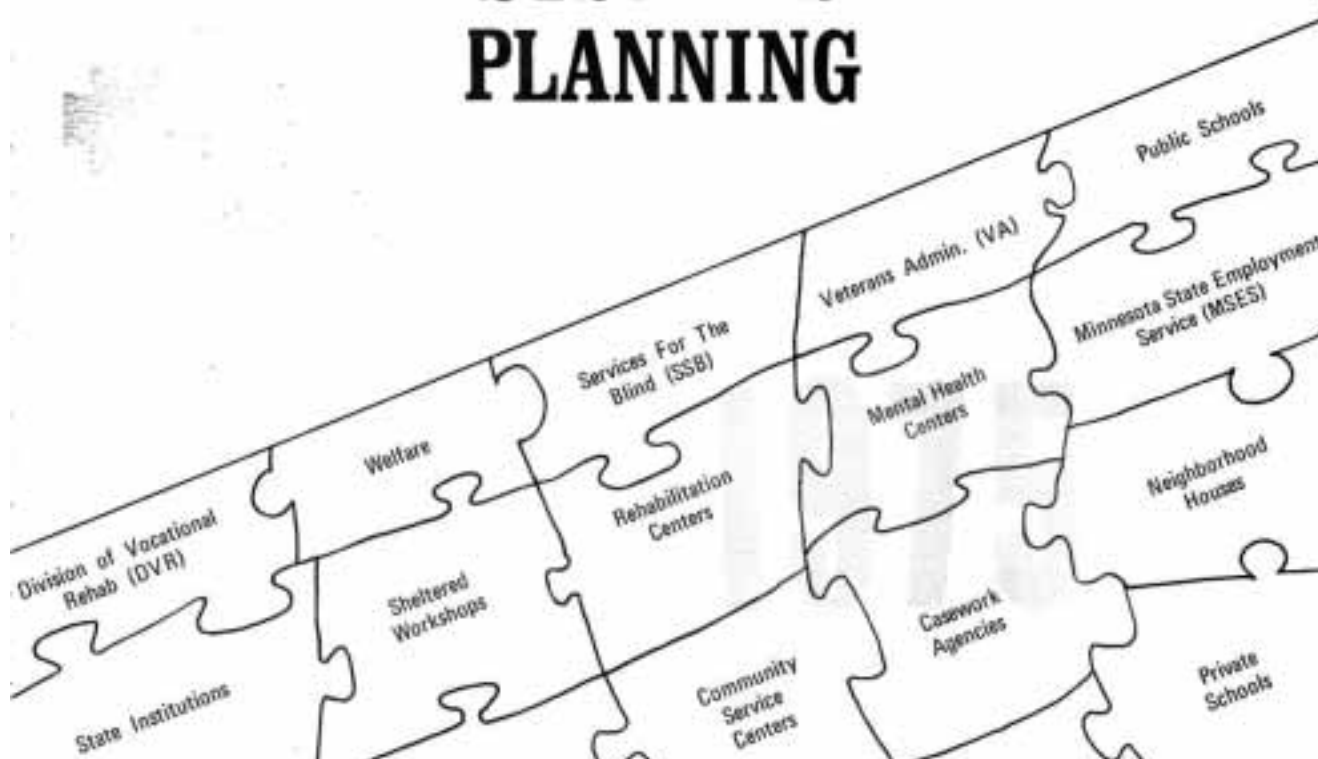




EMPLOYMENT SYSTEMS PLANNING



EMPLOYMENT SYSTEMS PLANNING PROBLEMS AND PROSPECTS

Prepared by STAFF OF THE DEVELOPMENT
DIVISION

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SUMMARY AND CONCLUSIONS

"There is nothing more difficult to take in hand, more perilous¹ to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things."

Niccolo Machiavelli, *The Prince*

SUMMARY AND CONCLUSIONS

In an effort to insure that statewide planning for the Minnesota Vocational Rehabilitation Planning Project operated from an up-to-date and comprehensive information base, a study was requested of the research staff of the Minneapolis Rehabilitation Center to gather information of use to vocational rehabilitation planners engaged in long range planning for the year 1975. It was evident immediately that hard data was needed concerning the numbers of people requiring, seeking, and/or receiving vocational rehabilitation services. Less evident, but of greater importance, was the need for a system of organizing the data that would assist planners in deciding between what needs to be done immediately and what needs to be done ten years from now. In response to this latter consideration, our attention was directed first to defining the scope and components of the vocational rehabilitation system.

Typically, the phrase "vocational rehabilitation system" is taken to mean only the services rendered to individuals by the designated vocational rehabilitation agency in each state. Since the concern of statewide planning must be focused on all of the citizens of a state who need or receive employment services, however, information is needed regarding all of the agencies which provide special assistance to people seeking employment. In recognition of this broadened scope of the planning effort in Minnesota, we have chosen to refer to our study as a study of the "employment system".

Given such a large order as a study of the employment system, how did we decide to proceed? Initially, we decided to look at the employment system as a marketplace where services are offered and purchased. With this model in mind, we decided that perhaps a necessary first step was to find out how the providers and consumers of services felt about the problems and prospects of their system. Accordingly, we utilized interview and questionnaire techniques to elicit the viewpoints of some providers and consumers of services in the employment system. Their comments were categorized into a number of "problematic issues".

It was readily apparent that most of the problems voiced by these members of the marketplace were problems with no ready or apparent solution. For example, everyone complained about a lack of facilities. In order to decide what type of facility needs to be built where, information is needed about who should be served, what services should be offered to them, etc. In other words, these more basic questions have to be answered first, before the problems of additional facilities can be solved.

Another common complaint was one of "lack of communication" leading to duplications of some services, and a total lack of other services. It was apparent to us that the real complaint being voiced was that of a lack of well defined means or objectives for achieving agreed upon ends or goals. In other words, when people talked about lack of facilities, or lack of communication, what they really meant was lack of adequate planning.

Realizing that both the providers and consumers of service experienced a "felt need" for a plan or an organized system for delivering employment services, we fashioned a research strategy for studying this problem. Using systems analysis techniques, we visualized the problem as one of: (a) input

or what goes into the system, (b) process - or what occurs in the system, and (c) output and feedback - or what are the results, and how are these results used to maintain the quality of services in the system. Developing these into feasible, time limited (3 months) research objectives, we arrived at three principal objectives:

- (1) To specify the types of people who are now, and who might be served by the employment system.
- (2) To find out what types of people are served by agencies in the employment system, and what services are offered.
- (3) To specify the critical role, present and future, played by agency information systems in maintaining the quality of services in the employment system.

PROCEDURE

A variety of techniques and methods were used to achieve the objectives of the study quoted above. (Note: Due to our time limitations, the only agencies studied intensively were the "primary" agencies - Division of Vocational Rehabilitation, Employment Security, Veterans Administration, Services to the Blind, and Title V, DPW.)

1. The task of investigating "who is to be served" in the employment system was broken into three steps: first, a determination of the numbers of potential clients second, a determination of how people enter the employment system and how many are actually served; and third, matching these numbers to form a profile of how the service needs of people are being met.

2. After obtaining a profile of how the service needs of people are being met, various techniques were used to gain an understanding of each primary agency's role in this picture. To attain a description of agency function, we looked at how each agency now describes itself, we looked at those instruments that are available to profile an agency, and we looked at the plans that the agencies and other groups have for determining and evaluating what an agency does. Following this, an attempt was made to construct a systematic set of agency standards, objectives, and services for future use in agency evaluation.

3. In the evaluation of agency function, considerable attention was paid to primary agency information systems. Each information system was evaluated in terms of existing strengths and weaknesses, planned modifications, capability of producing data in a common format, etc. Decision-makers at various levels in each agency were quizzed as to their actual and potential use of information. The relationship between information collected and services provided was analyzed.

Use of the procedures and techniques described above yielded a picture of the present employment system that was, to say the least, problematic. Overriding all other issues, and of deepest concern to us, was that the providers of service simply were not aware of, and did not seek out, all of the people who needed their help. For example, the ghetto Negro and migrant worker for

years were not regarded as potential recipients of employment services - due perhaps to the fact that no one has a total view of all of the potential entrants into the system.

In fact, in the case of the ghetto Negro, pressure from the community at large was necessary to make the employment system respond to its responsibilities to these people. This only highlights the lack of aggressiveness of the providers of service in seeking out, or reaching out, to potential clients. This "lack of aggressiveness", however, was consistent with the "lack of awareness" of the employment system that certain types of potential clients even exist.

A more fundamental problem, perhaps, was that the providers of service have no articulated or consistent priorities to use in deciding to focus outreach efforts on one group of clients, e.g., the retarded, in favor of another group of clients, e.g., the public offender. This lack of a rational procedure to identify the people who should or might be served by the system appears to be a very basic weakness.

We found that even after decisions had been made as to who should enter the system, however, agencies often did not give enough thought as to whether their particular services were appropriate for the people they were attempting to serve. A case in point is the migrant worker - an agency should not decide to serve this person until it has established, among other things, access to a very good basic education program, or subsequent attempts to send him into the job marketplace will fail. Many agencies will decide to accept a certain type of client first, and worry about what to do with him only later. As with client priorities vis-à-vis agency search efforts, it is a question of events in their proper sequence.

Our study of internal agency operations yielded some of the most perplexing insights of all, however. We found that agencies do not describe their objectives in a manner that is susceptible to measurement, in a manner that allows them to train people to accomplish these objectives, or in a manner that allows them to relate cost to effectiveness. A natural consequence of this is that it is difficult for them to specify precisely what information they need to keep functioning at a "quality" level, and so although they collect prodigious amounts of information, most of it is not actually, needed or used. We have referred often to maintaining the "quality of services" in the employment system.

Since we have modeled our study of the employment system on the marketplace concept, it follows that free choice of the client would be a necessary ingredient in the delivery of quality services. When the client can choose whom he wants to see, and what services he will accept or reject, he is to a large extent defining and maintaining "quality". When all the services that a client receives must be purchased for him by an agency, however, and when he must convince this agency to purchase the services that he desires, the client is robbed of free choice and it is the agency that is effectively defining quality. Therefore, it must be recognized that it is not the consumers of services who set the quality standards for the employment system, but the providers of service, or the agencies that purchase services who must bear the brunt of responsibility for maintaining quality in the employment marketplace.

The above summary of the problems that we have outlined in the employment system have not been developed into a set of recommendations, for this is the responsibility of community planners. We have, however, arrived at a series of specific findings and conclusions based on the problem just discussed that life believe will be useful to planners in deciding upon their own recommendations .

SPECIFIC FINDINGS AND CONCLUSIONS

A. Advocacy of the Employment System Concept

Throughout the course of our study, our faith was reaffirmed again and again as to the greater flexibility and comprehensiveness achieved when the concept "employment system" is substituted for the concept "vocational rehabilitation system". As we see it, the vocational rehabilitation system is only a sub-system of the employment system. In terms of people, the vocational rehabilitation system deals principally with the physically limited, mentally retarded, and mentally ill. It does not allow for consideration of migrant workers, racial minority groups, etc., as special categories of people that also require assistance for employment. In terms of agencies the vocational rehabilitation system deals only, as we mentioned earlier, with the designated vocational rehabilitation agency in each state. It does not allow consideration of the myriad number of agencies offering clients employment assistance.

The employment systems concept, on the other hand, allows us to include any individual in our planning who may require special assistance "to get back to work, and it allows us to look at any agency that provides this special assistance. Our themes of flexibility and comprehensiveness are reiterated.

B. Limited Utility of Disability Categories

No one who is presently engaged in offering employment services would deny the utility of disability categories such as "mentally retarded", "paraplegic", "mentally ill" in identifying target populations for vocational programs, and in designing outreach programs to include these target populations. What is seldom considered, however, are two important problems. First, by use only of disability categories, people must be included *who* are in fact employed and do not need the services of the employment system. Second, once these people are eliminated from all of the categories, the sheer numbers of individuals still remaining far exceeds the capacity of the present system to handle them. Therefore, in using disability categories alone it is not really possible to define a potential client. How, then, does one proceed to admit clients to the system? In many cases, it is not the disability per se that is keeping the person from employment, but a host of other difficulties that he has developed in adjusting to his major disability that renders him unemployable. Once he can be assessed in terms of these other, more employment-specific problems, decisions can be more easily made as to whether he can benefit from special assistance to help him locate and retain employment.

In summary then the disability categories are useful in locating who might be served by the employment system, but a secondary, more employment-specific system of problem analysis is needed to make the final determination as to who should enter the system.

C. The Need for a System of Priorities

Of particular concern to community planners or top agency administrators in designing employment programs is the need for a system of economic, social, and prognostic policies to use in deciding who will be admitted to the system. For example, economic decisions might have to be made in both the public and private arenas as to whether we will serve first all people supported by public relief money who cannot go back to work without special assistance. Or, social policies might dictate that we serve first all socially disadvantaged or minority youth who are working at jobs far below their capacities, but are not yet on the relief rolls. Or even further, we may decide to serve "prognostically favorable" cases who look as if they can be successfully served, no matter how they align with our economic and social policies.

The point is that once a decision is made that primary attention will be paid to one group, the other groups are further down the priority list. Target groups will be defined not only in terms of disability categories, but also in terms of the system of priorities established for the employment system. Planning then becomes a simpler task, and it is easier to present our achievements to the public. Without such a system of priorities, the result is as we have it now - miscommunication and disservice.

D. The Need for Better Matching of Clients to Resources

As we noted earlier, disability categories are useful only in the very early stages of delivering employment services to identify target populations and to design outreach programs. We pointed out the need for a secondary, more employment-specific system of assessment of client problems that, in conjunction with our system of priorities, would tell us if this client could profitably benefit from the services of the employment system. What we have not noted yet, however, is that the use of this secondary system would also enable us to match a client to available resources with far greater precision than we now possess.

E. The Need to Balance Client Problems Against Community Resources

Of special concern to employment system planners should be the fact that there is now no way of estimating if the community resources to handle client problems are adequate to meet the need for these resources. Since we still lack an employment-specific system of assessment of client problems, it is difficult, if not impossible to tell what services are even needed. To know that (X) number of agencies will serve (X) number of mentally retarded is not very helpful, for we do not know what the problems of these people are that are actually keeping them from work. Not knowing this, it cannot be inferred what services need to be purchased for them, and if the needed services are even available. Without even such a crude equation as problem-resources at our disposal, we cannot begin to estimate what the need is, or how well the community meets the need.

F. Too Much Data with No Use: Not Enough Data for Use

In a rush of enthusiasm for "automated data processing" many agencies in the employment system began to collect prodigious quantities of information to feed

into their computers. In such haste, however, time was not taken to define precisely what information was really needed by agency personnel to accomplish their respective jobs. The result was precisely as we described it above -large quantities of data collected are never used, and the data that could be used is often not collected. To say that this problem was caused by enthusiasm for the computer is an over-simplification, however. The problem has always existed, but merely is exacerbated by the introduction of automatic data processing.

In order to solve this problem agencies must do what must seem very fundamental so fundamental perhaps, that it has been overlooked. Time must be taken to define each person's role in delivering certain services to certain clients in order to achieve certain results. When specifications about services, clients, and outcomes are clear, it will also be clear what information is needed to mark and light the way.

G. Planning to Plan

It seems evident from our previous discussion that "planning to plan" pretty well describes the state-of-the-art in the employment system at the present time. To say that planning does not take place at the present time only belabors the obvious. Such important clues to the present lack of planning as the fact that each agency defines its problem categories differently cannot be otherwise explained. It seems safe to conclude from the results of our study that there is virtually no systematic, harmonious, or planned relationship between the activities of any two agencies in the employment system.

Equally evident, however, is the fact that planning is a developmental activity and cannot be achieved overnight. Top level planning that results in a coordination of resources at all levels and for all areas is the product of years of work, and cannot be crammed into some kind of crash program. Conversely, the kind of "planning" that can be and is often achieved rapidly, such as planning a new sheltered workshop, is merely planning in a vacuum -which is not really planning at all.

What we suggest as a feasible course of action for employment planners at the present time is simply "planning to begin to plan". If top level personnel from each of the agencies involved in the employment system were to get together with community planners concerned with the employment system, a preliminary schedule of goals and objectives might be agreed upon. From this initial effort, specific "people programs" and "construction programs" could later be agreed upon that would have some potential benefit for everyone.

COMMUNITY SURVEYS

"Let me exhort everyone to do their utmost to think outside *and* beyond our present circle of ideas. For every idea gained is a hundred years of slavery remitted."

Richard Jefferies
1848-1887

COMMUNITY SURVEYS

INTRODUCTION

Viewing the employment system as a marketplace where services are offered and provided, it was felt that initial consideration of the present functioning of the system should include some assessment of the opinions of providers and consumers of services. It was decided that a sampling of viewpoints of individuals knowledgeable about the present system could best be accomplished through the development of a series of questionnaires designed to elicit information relative to the experience of a variety of individuals within the employment system. The primary aim was to make a determination of those issues which are of concern to people connected in some way with rehabilitation. It was hoped that a secondary benefit would be the stimulation of a broader concern for and involvement in the State Vocational Rehabilitation Planning effort.

PROCEDURE

With this very general purpose in mind, the first step was an identification of those types of individuals whose opinions should be sampled. Four categories were adopted, as shown below:

1. Administrator. Those individuals with administrative responsibility within rehabilitation or closely allied fields.
2. Service Provider. Those individuals, at various professional levels, who provide services directly to clients. (Included were to be both persons with extensive experience and those relatively new to the field.) Public or private rehabilitation agencies and welfare departments would provide the primary source of such individuals.
3. Community Leader. Those individuals whose connection with rehabilitation is less direct, such as physicians, attorneys, and educators.
4. Client. Those individuals who have in some way been served by the rehabilitation system. The Division of Vocational Rehabilitation, State Services for the Blind, and the Minnesota State Employment Service would provide the primary mechanism for the location of these persons. A listing of individuals surveyed may be found in Appendix A, pg. 87.

Following the identification of the four groups to be sampled, a questionnaire was developed for each group. The items included in each questionnaire were designed with the particular experience of the person to be questioned in mind. Questions were deliberately open-ended so as not to limit the range of possible responses, but rather to gather as broad a spectrum of viewpoints as possible. (The four questionnaires used may be found in Appendix B, Pg. 92.)

Questionnaires were administered to a total of 220 people located throughout the State. Interview techniques were utilized, with the State Planning Agency and its various regional citizens committees providing staff for the survey. People interviewed were asked to consider rehabilitation in the broad sense, including but not limited to, vocational outcomes.

Analysis of the data gathered took two forms. The primary, Yes-No responses to each question were simply added and percentages were derived using the total number of respondents for that question. (Tables 1 through 4 summarize these responses for each of the four survey groups.)

As the questionnaire and interview techniques used were designed to elicit much more information than the Yes-No response, a means had to be adopted for handling the explanatory and suggestive remarks made in addition to the primary responses. A form of content analysis was used for this purpose. For each item on each questionnaire categories of themes were established and each response of each person then coded according to the theme or themes expressed in that response. Percentages were derived, based on the number of respondents for each question making similar "suggestion" type responses. Those were not additive as many individuals gave more than one specific response. (Appendix C, pg. 97, contains the categories of themes established for each question as well as the percents of responses in each category.)

LIMITATIONS

There are several limitations which should be kept in mind when considering the results of these surveys. Although some attempt was made to stratify the sample of people interviewed within the state and within each region, it cannot be claimed that those actually interviewed accurately represent the opinions of all people connected with rehabilitation in Minnesota. This is particularly true of the rehabilitation clients interviewed. Because names were not attached to survey forms, there is no information available regarding the problems of these people or the services they received.

The interviews were conducted by individuals whose own biases or interpretations may have crept into the recorded responses. Some of the respondents had advance copies of the items before the interviews, while others did not have such time to prepare.

The questions themselves, deliberately open-ended, did produce a wide range of responses that complicated content analysis because they varied considerably in clarity and specificity.

RESULTS

Results will be presented separately for each of the four groups surveyed. As it was our intention to glean from responses a picture of the general concerns of the various groups surveyed, results will be reported in relation to the broad issues raised. The major part of the material discussed comes from the "suggestion" responses made. All percentages shown are based on the number of responses to individual items on the questionnaires.

I. Administrators

A total of 88 Administrator Survey forms were completed. Table 1 (pg.10) indicates the number and percent of Yes-No responses for each item.

TABLE 1

Community Surveys - Administrator

Question	% Yes	% No	Total No. Responding*
1. Are you aware of people who are in need of rehabilitation services who are not now able to receive them?	81%	19%	84
2. Are there problems in the current system of funding services?	87	13	78
3. Are there problems in the staffing of rehabilitation services?	90	10	84
4. Are existing rehabilitation facilities adequate to meet the need?	18	82	80
5. Are there problems in the quality of services provided?	83	17	75
6. Are there specific client services that need to be expanded or created to meet the needs of all clients to be served?	96	4	74
7. Is there adequate coordination between the providers of existing services?	28	72	83
8. Are enough people with employment problems being referred to vocational service providers?	40	60	75
9. Are services being provided quickly enough to clients needing them?	15	85	78
10. Are vocational agencies making adequate referral usage of non-vocational services?	34	66	59
11. Are adequate services being provided to people who cannot work?	11	89	66
12. Are the follow-up services provided to clients adequate?	24	76	71
13. Is there appropriate utilization of accredited training facilities by rehabilitation services?	64	36	66
14. Is the current way that clients get jobs after services adequate.	26	74	72
15. Additional issues or comments.	NA	NA	48

*A total of 88 Administrators were interviewed. The figures shown in this column vary, as not all individuals responded to every item.

SERVICES

Existing rehabilitation facilities were considered inadequate to meet the need by 82% of the respondents. The need for more sheltered workshops was recognized by a significant number (34%) of those responding. Weaknesses in geographical location of facilities, the range of services offered, and the integration of services between agencies were cited. The expansion of existing services was suggested, as was the creation of more specialized resources such as day activity centers.

When specifically questioned as to the need for the creation of new services, or the expansion of those already in existence, 28% of the respondents again emphasized the lack of an adequate number of sheltered workshops. General expansion of all services was recommended by 23% of those responding, while 11% considered housing and transportation for clients as major areas of need. Social and non-vocational programs were also thought to be in need of augmentation.

A majority (81%) of those surveyed felt that there are people needing services who are not now able to receive them. The group most frequently listed as in need of additional attention was the "mentally retarded." Other groups specifically mentioned by a number of respondents included corrections clients and youthful offenders, public assistance recipients, alcoholics, and the underemployed.

When questioned specifically about people who cannot work, 89% responded that services to this group are not adequate. It was recognized that "programs other than work rehabilitation will be necessary to fill the needs of an expanding population with a decreased work requirement." (Only two respondents indicated they felt this issue to be an inappropriate concern of rehabilitation.)

Sixty percent (60%) of those responding were of the opinion that not enough people with employment problems were being referred for service. The remaining responses to the question concerning the adequacy of referrals included many indications that resources were adequately supplied with clients but that restrictions, such as fund shortages, caused a necessary curtailment in the numbers of clients actually being served.

It was further suggested that all needs cannot be assessed at present, as the base population of potential clients has not yet been defined.

COORDINATION - COMMUNICATION

Nearly three fourths (72%) of Administrators responding to a question concerning coordination of services felt that weaknesses do exist. Resulting duplication of services was cited as problematic. It was further suggested that integration and coordination of services be on the basis of objectives and that agency responsibilities, now vaguely defined, ought to be clarified.

The inadequacy of communication mechanisms was cited when Administrators were questioned concerning the use of non-vocational services. A lack of information was the most frequently mentioned specific reason for under-utilization of available non-vocational resources.

Inadequate coordination and planning between agencies were considered to cause difficulties in the current system of funding services. The need for coordination between agencies in order to provide a complete array of services for the client was noted.

STAFFING

Manpower shortages, low salaries, inadequate training, and high turnover rates were the primary problems cited in relation to the staffing of programs. Only 10% of the respondents expressed no difficulty in staffing. Criticisms of facilities training personnel to work in the field included: unrealistic objectives in training programs, lack of relevance of training for actual work, and faculty shortages.

Inexperienced staffs, high turnover rates, and low staff complements were cited as causing deficiencies in the quality of services provided. Staff shortages were also the most frequently mentioned reason for clients not being served as quickly as they should.

FUNDING

Administrators were particularly aware of problems in the current system of funding services. A variety of problems were listed by 87% of those responding. Included were money shortages in general, inadequate state matching, problems related to budgeting through the year, and lack of overall planning for the allocation of funds.

USE OF TRAINING FACILITIES

The use of accredited training facilities was the only area in which the majority (64%) of Administrators felt that there was no problem. However, 29% of those responding felt that there were not enough training facilities available. Other comments made apparent a variety of concerns including: (1) the need for a local or statewide consultant or specialist in training resources and their appropriate use, (2) the desirability of channeling money into industry to encourage on the job training, (3) the need for more practical training, and (4) the problems associated with admission policies of schools which tend to exclude persons with handicaps of a social or physical nature who might reduce high success rates.

II. Service Providers

Sixty-four (64.) Service Provider Survey forms were completed. Table 2 (pg. 13) indicates the number and percent of Yes-No responses for each item.

TABLE 2

Community Surveys - Service Provider

Questions	% Yes	% No	Total No. Responding*
1. Do you feel that the current system allows the providers of services to do what is necessary for "tough" cases?	21%	79%	61
2. Given the proposition that there are different criteria for defining what is a successful case, do existing criteria enable the providers of services to realistically evaluate the success of their efforts?	36	64	56
3. If a client needs services which you are unable to provide, do you find it difficult to select the most appropriate place to refer the client?	46	54	59
4. Are clients able to receive the services they need quickly enough?	13	87	62
5. Are adequate services being provided to people who cannot work?	15	85	46
6. Is there adequate communication between different agencies providing rehabilitation services to the same client?	29	71	58
7. Do service providers currently possess the techniques and information necessary to appropriately match workers to jobs?	33	67	60
8. Are clients provided adequate follow-up services?	23	77	57
9. Do you think the criteria currently used to determine when to terminate services and close the case accurately reflect client needs?	38	62	55
10. How can rehabilitation services be improved?	NA	NA	52
11. Do you have any other comments or suggestions?	NA	NA	28

*A total of 64. Service Providers were interviewed. The figures shown in this column vary, as not all individuals responded to every item.

In response to the general question, "How can rehabilitation services be improved?" a number of specific needs were cited by substantial proportions of the Service Providers responding. These included more staff and lighter caseloads (35%), better professional training (38%), better salaries and incentives (33%), and improved coordination and communication (25%). Such concerns were reiterated in the responses to other items. Results for this section will, therefore, be presented in such a way that the reader may obtain a picture of the kinds of problems noted by respondents which may have led to the expression of these and other general concerns.

SERVICES

An overall need for more services was suggested in order to diminish difficulties in dealing with "tough cases", and to make more appropriate referrals possible. It was also noted that shortages of facilities are a limiting factor in the speed with which clients receive services.

Several specific areas were also mentioned in which the expansion of services are needed in order to provide for those who cannot work. Among these were recreational and non-work activities, sheltered workshops, and day activity centers.

COORDINATION - COMMUNICATION

A total of 71% of those responding felt that adequate communication between agencies providing rehabilitation services to the same client did not exist. Not enough communication was cited by nearly half of the respondents (49%), while lack of designation of primary responsibility for coordination of services and reporting was mentioned by 27% and lack of understanding of respective agency's roles by 22%.

Specific difficulties arising from poor communication between agencies were noted to cause a variety of ills including problems in the handling of "tough cases" (cited by 23% of the respondents). Lack of information relevant to agency services and overlap of services were considered factors in making the selection of appropriate places for referral problematic.

Fifty-nine percent (59%) of those responding also felt that communication problems were responsible for preventing clients from receiving the services they needed as quickly as would have been desirable.

STAFFING

Staff shortages and resulting high caseloads were cited by 56% of the respondents as causing difficulties in the handling of "tough cases." A significant number of Service Providers questioned (52%) also felt that shortages in staff caused delays in the speed with which clients were able to receive services as well as inadequacies in follow-up services rendered (59%). Twenty-five percent (25%) of the respondents were of the opinion that Service Providers need more training in order to appropriately match workers to jobs and that such staff members must have additional knowledge concerning the current labor market and job descriptions.

EVALUATION

When questioned concerning the existence of adequate criteria enabling Service Providers to evaluate the success of their efforts, 64% replied negatively. Thirty-six percent (36%) felt that employment alone is not a sufficient criterion. It was noted by 13% of the respondents that the criteria should be defined as the client reaching predetermined goals. The inadequacy of follow up services was also considered to be a factor making evaluation difficult, as results of services were not always known.

Criteria used to determine when to terminate services to a client were also considered to be inadequate by a majority of the respondents. Sixty-two percent (62%) felt that criteria in use did not adequately reflect client needs. It was suggested that administrative pressure forces case closure before clients are ready, that time available may determine closure, and that criteria place value on numbers of clients employed rather than on actual client needs.

III. Community Leaders

Twenty-five (25) Community Leader Survey forms were completed. Individuals interviewed included employers, school administrators, physicians, attorneys, and others not directly involved in rehabilitation programs. Percentages will again be used to indicate the volume of various responses. However, when considering the percentages reported, the reader should keep in mind the relatively small total number of responses. Table 3 (pg. 16) indicates the number and percent of Yes-No responses for each question.

TABLE 3

Community Surveys - Community Leader

Questions	% Yes	% No	Total No. Responding*
1. Are there groups of people who need services who are not now able to get them quickly and easily?	90%	10%	20
2. What efforts could be made to improve the availability of rehabilitation services?	67	13	23
3. Do you feel that the current system identifies problems in unemployed people accurately and completely?	29	71	21
4. Does the current system provide a broad enough range of services?	27	73	22
5. What suggestions do you have for improving services?	NA	NA	18
6. What are some of the guidelines you would suggest to better measure "success" of rehabilitation services?	NA	NA	21
7. What needs to be done to more consistently improve and monitor the quality of services which we provide?	NA	NA	17
8. How could information or data collection systems be improved?	NA	NA	13
9. How can the quality of professional services be improved?	NA	NA	15
10. What are some of the steps which need to be taken which would enable us to plan rehabilitation services in a more systematic fashion?	NA	NA	17

*A total of 25 Community Leaders were interviewed. The figures shown in this column vary, as not all individuals responded to every item.

SERVICES

Nearly all those interviewed (90%) were of the opinion that there are individuals in need of services who cannot now obtain them quickly and easily. Specific groups of potential clients, such as the mentally retarded, were suggested as needing additional attention. Follow-up services and services dealing with non-vocational problems were also noted as being inadequate. Seventy-three percent (73%) of those questioned felt that a broad enough range of services was not being offered. The geographic location of services and distances which potential clients must travel were also mentioned as factors making services inaccessible to some clients.

COORDINATION - COMMUNICATION

Increased coordination and communication between agencies were suggested as a means for alleviating difficulties in a number of areas. When asked for suggestions as to how the availability of rehabilitation services might be improved, 22% responded that more coordination and communication were needed. Coordination by a community rehabilitation agency was one suggestion made.

Lack of coordination between agencies was also cited as a factor limiting the range of services offered to clients. It was further suggested that more adequate overall communication would make it possible to more consistently improve and monitor the quality of services being provided. Coordination between all individuals involved with a client was cited as one means of improving data collection systems. The feeling was also expressed that more systematic planning of rehabilitation services could be made possible through improvements in these areas.

STAFFING

When questioned concerning the quality of professional services, nearly all those responding were of the opinion that improvements could be made. A closer relationship with industry was the most frequently made suggestion, along with comments concerning improved professional training, upgraded qualifications and increased salaries. Higher salaries and increased staffs were also seen as necessary steps toward improvement in the availability of services.

EVALUATION

Nearly all respondents felt that guidelines were needed to measure the "success" of rehabilitation services. The most frequent comment was that the number of case closures was not a sufficient index. A number of the respondents felt that improved follow-up techniques were needed to make evaluation possible. It was also suggested that one important criterion would be the ability of rehabilitation services to supply people with the skills needed by industry.

PUBLICITY

"Community Leaders" appeared to be more aware of a need for increased publicity than either the "Administrators"¹¹ or "Service Providers." In this group increased publicity was the most frequently suggested mechanism for improving the availability of rehabilitation services. When asked a general question concerning suggestions for improving services, education of the public was again cited as a useful tool. IV. Client Survey

A total of 43 Client Survey forms were completed. Those interviewed had been served primarily by the Division of Vocational Rehabilitation, State Services for the Blind, and the Minnesota State Employment Service. Unfortunately, it is not known just where the individual clients were from, or what sampling procedures were used in the various regions of the State. It was, however, suggested that both "successful" and "unsuccessful" clients be interviewed. As the nature of the questions asked of this survey group differ substantially from those for the other three groups, results cannot be reported in the same general categories. The discussion will, for the most part, follow the order of the questions presented. Table 4 (pg. 19) indicates the numbers and per-centages of Yes-No responses to individual items.

TABLE 4

Community Surveys - Clients

Questions	% Yes	% No	Total No. Responding*
1. What problems did you have that led to your getting rehabilitation services?	NA	NA	43
2. How did you first find out that rehabilitation services were available to you?	NA	NA	43
3. Did you have any delays between the time you first needed rehabilitation services, and the time you received help?	44	56	43
4. How many people or agencies have helped with your problem?	NA	NA	43
5. Once you started to get services were there any unnecessary interruptions or delays that caused you inconvenience?	23	77	43
6. What kinds of services or help did rehabilitation provide for you?	NA	NA	43
7. Was the help provided the kind you expected to get?	70	30	43
8. Did you receive the kind of help you feel you needed?	61	39	41
9. What kind of rehabilitation services did you find most helpful?	NA	NA	39
10. Which services did you feel could have been improved?	NA	NA	38
11. Did the services correct your problem?	49	51	43
12. Are you now in need of any further assistance from rehabilitation?	47	53	43
13. Do you know anyone else who has had problems in getting rehabilitation services?	21	79	43

*A total of 43 Clients were interviewed. The figures shown in this column vary, as not all individuals responded to every item.

When questioned concerning the problems that led the client to seek rehabilitation services, 63% cited physical problems, 23% visual impairment, and 19% mental problems. It is interesting to note that none of the respondents indicated any kind of vocational difficulty.

Agencies, doctors and hospitals, schools, and friends and/or family were mentioned as sources of information concerning the availability of rehabilitation services.

Fifty-six percent (56%) of those interviewed reported that there were no delays between the time services were needed and the time they were received. Forty-four percent (44%) felt that there had been delays. Delays, or unnecessary interruptions once services had begun were reported by less than one fourth of those responding. Twenty-one percent (21%) of the respondents indicated that they knew of other individuals who had had problems in obtaining rehabilitation services.

Over one-half of the clients surveyed listed three or more agencies with which they had been involved. An additional 40% had been helped by two agencies. The division of Vocational Rehabilitation was listed by three fourths of the respondents and welfare agencies by over one-third.

Counseling, training and placement were the most frequently mentioned services which clients had received. Also noted were education and work evaluation. Only one person referred to a service not clearly in the vocational or medical areas and that was grooming.

Approximately one-third (30%) of the clients questioned felt that help provided was not the kind they had expected. Almost half of the clients responding negatively to this question indicated that they did not know what to expect as the explanation of services was unclear. A similar number of clients (39%) felt they had not received the type of help they needed. Placement and training were the primary services mentioned as needed but not provided. Poor attitudes on the part of counselors were also referred to here.

Job placement, training and counseling were most frequently mentioned when clients were asked which services they found most helpful. A total of 71% of those questioned made suggestions for improving services with placement, training, and counseling again being the areas most often cited.

Although approximately one-half of the respondents felt their problems had been corrected, one-fourth indicated that their problems could have been resolved but were not.

When questioned concerning the need for further assistance, 47% responded that services were still needed. Specific services referred to included training, placement, medical advice, and counseling.

INTERPRETATION

One of the most striking results of the surveys appears to be the awareness of individuals, directly or indirectly connected with the vocational rehabilitation system, concerning the inadequacies of that system. The candor with

which inadequacies were discussed seems to reflect a real concern, on the part of a great many individuals, to see that improvements are made.

Comments made strongly suggest that more could be accomplished with current resources through better planning, closer coordination of services and better communication between agencies providing various services.

It is also interesting to note, that while a wide variety of areas of need were noted, very few concrete suggestions for change were made. There is apparently a difficulty in pinpointing the nature of the problems causing inadequacies in the overall service system.

It is our feeling that the many concerns raised cannot be answered without a great deal more knowledge than is now available relevant to the components and functioning of the employment system.

SUMMARY

A total of 220 questionnaires were completed by a variety of individuals in some way connected with the employment system. Of these, 58 were administrators in agencies with a direct connection with rehabilitation, 25 were other community leaders, 64 were various professionals giving direct services to clients and 43 were clients. Interview techniques were used in conjunction with questionnaires which had been designed separately for each of the four groups studied.

Data gathered from the surveys were analyzed in two ways. Simple Yes-No responses were added for each of the items. "Suggestions" or "Comments" elicited by the questions were categorized into themes and the numbers and per-cents of similar responses to each question were tabulated.

A number of problematic issues and areas of major concern were revealed. Prominent among these, and running through all four groups surveyed, was the need for greater communication and coordination between agencies providing services. "Administrators," "Community Leaders," and "Service Providers" all made direct and frequent reference to the inadequacy of current methods. The Client Survey emphasized the importance of this problem by revealing that over one-half of those interviewed had been served by three or more agencies and that an additional 40% had been served by two different resources.

The lack of adequate facilities to serve those in need was also a major theme. The general expansion of existing services was suggested as was the creation of a variety of new services to deal with specific categories of clients and problems. Difficulties caused by the geographic location of present resources were also cited as problematic.

Other issues raised concerned inadequate staffing patterns, high caseloads, weak follow-up techniques, and the lack of adequate evaluation procedures. In general, comments made brought to light major areas of concern, but did not make apparent any specific or immediate solutions to the problems.

INPUT

"Medical men all over the world having merely entered into a tacit agreement to call all sorts of maladies people are liable to, in cold weather, by one name; so that one sort of treatment may serve for all, and their practice be thereby greatly simplified."

Jane W. Carlyle
March 4, 1837

INPUT

INTRODUCTION

In reviewing the issues raised in our survey of persons connected with the employment system, it became clear that much additional knowledge was needed before resolution of the problems presented could even be approached. The major areas of need expressed in the survey included such general recommendations as expansion of services, increased numbers of facilities, and greater staff complements. In order to make decisions concerning what services should be added, what types of new facilities should be built, and where, or what skills additional staff members should possess, much information would be needed.

The kind of information which first appeared to be essential revolved around the issue of what kind of people should, or might, be served by the employment system. It seemed logical that the services which a given system might offer would vary to some extent depending upon the kind of people being allowed to enter that system. For example, if the system decided to serve only the mentally retarded, it would require more sheltered workshops, more grooming programs, and job placement services, but less formal academic training, physical restoration services, and psychotherapy. If members of a racial minority or migrant workers were to be served, it is likely that the system would have to increase services such as basic education, housing, and on-the job training.

In any event, it seemed that information would have to be obtained concerning the general question of "Whom should we serve?" Keeping in mind the three month time limit imposed on our study, we formulated three more narrowly defined objectives which would provide data necessary in answering the broad question. These included: (1) a determination of the numbers of potential clients; (2) a determination of how people enter the employment system and how many are actually served; and (3) a matching of these numbers to form a profile of how the service needs of people are now being met.

This section, will describe the methods used in achieving the three research objectives, results of the research, and some of the difficulties which were encountered.

PROCEDURE

In order to fulfill our objectives within the designated time span we first determined to study only the five primary agencies. These agencies not only provide services to help people get back to work, but can also purchase services from other professionals and settings. The funding, for the most part, is continuous, with the major financial variable being the amount of money available in any fiscal year. These agencies include:

- (1) Minnesota State Employment Service (MSES)
- (2) State Services for the Blind, State of Minnesota - Department of Public Welfare (SSB).
- (3) Veterans Administration (VA)
- (4) Title V, State of Minnesota - Department of Public Welfare
- (5) Division of Vocational Rehabilitation, State of Minnesota - Department of Education (DVR)

For convenience, the abbreviations shown after the agency titles will be used in this section of the report.

DISABILITY CATEGORIES

Our next step was to delineate those categories of clients to be included in the study. Most of the categories used by the employment system have been borrowed from other disciplines, mainly medicine and psychology. For purposes of this study we selected the 18 categories most commonly used by the five agencies to be studied. These include: mentally ill, mentally retarded, visually impaired, hearing impaired, physically disabled, alcoholics, drug addicts, general relief recipients, AFDC (Aid to Families with Dependent Children) recipients, older workers, Workmen's Compensation recipients and claimants, racial minority - youths, racial minority - adults, poverty whites, underemployed, public offenders, and catastrophically disabled.

Such categories as these have traditionally been used by the employment system to count people and to plan the kind and amount of services to fit the size of the problem. In order to collect data concerning the numbers of individuals served by the primary agencies in Minnesota's employment system these categories had to be adopted. We feel, however, that the reader should understand the difficulties which arise from their use and the limitations therefore placed on data organized in this fashion.

1. The primary agencies studied do not all use the same disability categories to describe clients. For example, MSES uses the category "older worker," including in it unemployed clients over age 45. DVR, on the other hand, has no specific category to describe this problem, although it does serve many individuals who are over 45 and unemployed. It, therefore, becomes impossible to determine exactly how many people in each of the categories are being served by each of the five agencies studied, or to compare the service patterns of the agencies.
2. There are no universally accepted definitions for categories of potential or actual clients. The primary agencies studied, in some instances, do use categories with identical titles. However, the individuals included in these categories may vary from one agency to another. For example, one agency's definition considers a person "mentally ill" from the time he enters an institution until the time he leaves it, while another agency may consider an individual "mentally ill" even if he has never been institutionalized. Therefore, even in cases where identically labeled disability categories are used, precise and comparable data for all agencies studied may not be obtained.
3. Individuals are often counted in more than one category, as categories are not mutually exclusive. Moreover, the amount of overlap between categories is usually not known. Therefore, the simple tallying of all categories yields an inflated picture.
4. There is no reliable way to obtain estimates as to how many people are added to a category each year.
5. The existence of a category does not necessarily indicate the severity of the problem or a need for services. There is a gross difference

between being over 45 and unemployed, yet having a good work record and a college education, and being over 45 and unemployed, just released from a mental institution, and having no especially marketable skill. Furthermore, the category "older worker" does not describe with any precision the type of services which are required from the employment system. Only in the broadest sense can categories be linked to services. If a person is retarded, he will probably not do well in formal academic training. However, more precise information than this is essential in order to plan for the kind and extent of services which will correct the problem. An even more basic issue involves the question of how many people in a category planners actually should prepare to serve. The fact that a person falls into one of the categories does not necessarily mean that he needs . any services, or that even the best or most extensive services could be of benefit to him.

A listing of the categories and definitions adopted follows. Definitions were collected from the agencies being studied. The ones shown in the listing best represent the figures and discussion presented in this report, although it cannot be claimed that they are absolutely precise.

DISABILITY CATEGORIES - DEFINITIONS

1. Mentally Ill - Those who are or were hospitalized for mental illness.
2. Mentally Retarded - Sub-average intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. This may be reflected in impairment of:
 - a. Maturation: rate of sequential development of self-help skills of infancy and early childhood.
 - b. Learning: the facility with which knowledge is acquired as a function of experience.
 - c. Social Adjustment: the degree to which the individual is able to maintain himself independently in the community and in gainful employment as well as by his ability to meet and conform to other personal and social responsibilities and standards set by the community.

Sub-average intellectual functioning refers to individual intelligence test performance at least one standard deviation below the mean for the appropriate age group (I.Q. about 85 on the Wechsler-Bellevue and Stanford Binet).

3. Visually Impaired- 20/200 vision corrected in the best eye, less than 20° side vision for federally supported Aid to the Blind Program funds. Some rehabilitation centers, most of the ones in Minnesota, accept people with 20/60 vision.
4. Hearing Impaired - hearing less than 30-4.0 decibels in the better ear.
5. Physically Disabled - people with a diagnosed medical problem.
6. Alcoholics - the use of alcohol to variant extremes, can either be physical or mental conditions.

7. Drug Addicts - a person physically dependent on a narcotic.
- 8,-9. General Relief Recipients and AFDC (Aid to Families with Dependent Children) Recipients - those people enrolled in those programs.
10. Older Workers - persons over 45 years of age and unemployed.
11. Workmen's Compensation Recipients or Claimants - people drawing or claiming workmen's compensation.
12. Migrant Workers - itinerant, agricultural workers who move from area to area - usually employed for a period of 8 to 16 weeks at a time.
- 13.-14. Racial Minority - Youths and Racial Minority - Adults - any race other than white; also white or Mexicans with Spanish surnames, "del Rosa."
15. Poverty Whites - people of the white race whose family income was less than \$3,300 per year.
16. Underemployed - person must meet one of the three conditions:
 - a. those working below their skill capacity
 - b. those working less than full-time
 - c. those working whose skills are or will be obsolete
17. Public Offenders - people proven guilty of a misdemeanor or felony.
 - a. juvenile - less than 18
 - b. youth - 18 to 21
 - c. adult - 21 and over
18. Catastrophically Disabled - stroke, heart attack, neoplasm victims.

Once we had determined which agencies would be included and which categories of clients would be studied, we could begin to work with our three objectives. Procedures used to fulfill these objectives are shown below.

1. To Determine the Number of Potential Clients.

In order to define who were potential clients for the employment system, four employment statuses were used for each of the disability categories. These included:

- a. Employed - those people who are working
- b. Unemployed - those people seeking work who are not working.
- c. In the labor force - those employed and unemployed as defined above.
- d. Not in the labor force - those people not working and not seeking work.

The basic assumption in this procedure was that the number of unemployed people in a category would provide a minimum number of potential clients.

The age range of 18 through 64 was selected as these are the most relevant years for employment.

A wide variety of materials containing estimates of incidence, employment statuses, and other data relevant to the disability categories were collected and reviewed in an effort to arrive at estimated numbers of people in the categories.

In order to restrict the amount of possible error, an attempt was made to keep the number of sources used for calculation purposes as low as possible. Whenever feasible, the United States Census of Population - 1960 was used as a base for calculation. Whenever possible, the unemployment rate for a category was calculated. In many instances the desired estimate could not be obtained through the use of the 1960 census alone and other resources had to be consulted. Some examples of these are the National Health Survey statistics on Prevalence of Disability; figures obtained from the Governor's Commission on Alcohol Problems; data obtained from the U.S. Bureau of Narcotics; statistical reports of the State of Minnesota - Department of Public Welfare, Minnesota State Employment Service, and State of Minnesota - Department of Corrections. For a more complete listing of references used for calculations the reader should consult Appendix D, Pg. 114.

2. To Determine How People Enter the Employment System and How Many are Served.

In an attempt to achieve this end, an instrument was developed that would measure outreach efforts, general requirements a person must meet to receive services, the number of clients served, the capacity of agencies to serve clients, and agencies' plans for expansion of services. This instrument was presented to the five agencies under study, DVR, MSES, SSB, Title V and the VA. The agencies provided the information requested to the best of their abilities. A copy of the instrument used may be found in Appendix E, Pg. 116.

3. To Match the Data Obtained in Steps 1 and 2 to Form a Profile of How the Service Needs of People are Being Met.

Data regarding numbers of potential clients was combined with data concerning numbers of clients actually being served. Profiles were thus obtained for each of the disability categories and are shown in the results section.

LIMITATIONS

The limited time and resources available to this study placed severe restrictions upon the way in which our data could be obtained. It was impossible to generate any new material and no single source could be found which would provide the needed information. This necessitated the combining of data from a wide variety of sources and it was often necessary to interpret this data for purposes other than those originally intended.

It was impossible to find material that was current in all instances. This ; necessitated the use of material generated at different periods of time. Moreover, the statistics collected by agencies are not always collected during comparable time periods. Some statistics are based on a fiscal year,

others on a calendar year, and still others on the number of people on an agency's books at year end, or other specified dates. This makes the comparison of statistics between populations extremely difficult.

Another difficulty relates to the seasonal and yearly variability of unemployment rates. As the number of people with problems who are unemployed comprises the body of "potential clients", the composition of this body will vary greatly depending on the unemployment rate. A study done at one rate of unemployment does not provide comparable data unless the unemployment rate remains constant.

It was not always possible to use the definitions of the service agencies in collecting our estimates as these definitions were frequently not operational enough, or did not coincide with those used where figures were available. In some instances it was necessary to assume that the definitions used in resources were the same as ours as no definition was given for the category.

For the reasons outlined, all figures shown in this section of the report must be considered as nothing more than the best available estimates.

RESULTS

The results of this segment of our research will be presented primarily in terms of the 18 disability categories. A profile has been prepared for each category which includes the number of clients served in the last agency year by the five agencies studied, estimated numbers of potential clients, plans for expansion of services, and outreach efforts.

In addition, tables have been prepared which summarize: (1) the estimates of potential clients in each disability category, (2) agency capacity to serve categories of clients, and (3) agency outreach efforts by category. Also included is a listing of the general requirements and restrictions on eligibility used by the agencies studied to determine which individuals they will serve. These materials will be presented first in order to provide a general framework for review of the data on individual disability categories.

RESULTS - POTENTIAL CLIENTS

Table 5 (pg. 29) shows the estimated number of individuals in each of the 18 disability categories who fall into each of the four employment statuses (in the labor force, not in the labor force, employed, and unemployed). The age range used is 18 through 64. The column titled "unemployed" is x intended to estimate a minimum number of potential clients for the employment system. In most instances, additional clients could be found in the column "not in the labor force." The total number of possible clients would be a combination of the figures shown as "unemployed" and "not in the labor force." The reader should keep in mind that the number shown as "unemployed" is an estimate and that it is a conservative figure.

In cases where an employment status column for a category does not appear, either the status did not apply or data was unobtainable.

The same degree of confidence cannot be placed in all estimates. Further, the figures shown represent only estimates made from the best available information and should not be construed as actual numbers.

(See TABLE 5 - Pg. 29) RESULTS - HOW PEOPLE ENTER THE EMPLOYMENT

SYSTEM- HOW MANY ARE SERVED

1. General Requirements for Service and Special Restrictions on Eligibility.
The following listing shows general requirements and special restrictions on eligibility used by the agencies studied, to determine whom they will serve.

- A. Division of Vocational Rehabilitation

This agency serves people with physical, mental, or emotional (including behavioral) problems who have job handicaps.. In addition to having a problem that creates a job handicap, the person must be feasible - there must be a reasonable expectancy that he can benefit from services. Any services (e.g., diagnostic, training, or evaluation) , with the exception of placement can be provided to determine feasibility. A person must be 14 years of age or older to be eligible for services.

- B. Minnesota State Employment Service

MSES has no restrictions on whom it can serve. The majority of people served by this agency have "normal" employment problems. Services are available to anyone requesting assistance. The agency has a variety of programs designed to offer special assistance to the "handicapped."

- C. State Services for the Blind

SSB serves visually impaired people who fall within the following restrictions:

1. A person must have a visual disability after the best correction possible. This means:
 - a. 20/200 or a 20° field or less in the best eye to be eligible for federally supported Aid to the Blind programs.
 - b. 20/60 useful vision in the best eye (vision can be better if the condition is progressive) for non-federally supported programs.
2. A person must have an identifiable problem in functioning. (This can be ascertained by medical and observed evidence.)
3. A person must have been a resident of the State for one year or become blind in the State.

TABLE 5

Disability Categories - Employment Statuses
(Minnesota Population 18 through 64 years old)

	In Labor Force	Not in Labor Force	Employed	Unemployed
1. Mentally Ill	10,704	24,967	9,724	940
2. Mentally Retarded 370		4,983	2,102	1,324
3. Visually Impaired	4,513	10,528	4,100	445
4. Hearing Impaired	2,993	6,982	2,719	295
5. Physically Impaired	135,310	315,619	122,924	13,341
6. Alcoholics	68,000	7,000		2,771
7. Drug Addicts		172		
8. General Relief		6,669		
9. AFDC		15,707		
10. Older Worker	453,686	231,567	436,033	20,440
11. Workmen's Compensation		14,768		
12. Migrant Worker	6,639	2,836	6,639	
13. Minority Youth	586	1,370	493	93
14. Minority Adult	12,105	7,673	10,391	1,714
15. Poverty White	32,682	58,340	32,682	
16. Underemployed			150,000	
17. Public Offenders	4,719		1,021	414
18. Catastrophically Disabled		96,426		

In addition to its vocational program, SSB offers many other services for blind people. Financial aid to those eligible, special financial incentives for working, sight conservation service for those in need of medical care who cannot provide it for themselves, talking book library services, tape recordings, mobility training, Braille publications, counseling, and training are among the many services offered.

D. Title V

This program is designed basically to provide vocational services to AFDC and general relief recipients. Since the program is discontinued it will be included only for the purpose of showing numbers of people served as a part of the total pattern of service in the last year.

E. Veterans Administration

The VA - Rehabilitation Section does not specifically serve any of the 18 disability categories utilized in this report. It does, of course, serve people with these disabilities. In order to be served, the client must be a veteran or a veteran's child. There are roughly three levels of legal eligibility: (1) Those individuals still eligible under the old GI Bill may receive voluntary counseling. Except for those with a high disability level, the eligibility time is basically nine years after termination of active services. (2) Eligible "orphans" of veterans who died in service or children of veterans with severe service-connected disabilities must receive educational or vocational counseling. (3) Those eligible under current vocational rehabilitation services. These are, in many instances, veterans returning from Vietnam with service-connected disabilities. They are eligible for a full range of services including counseling, service from other agencies, training, and assistance while in training. All individuals seeking service must make formal application.

2. Outreach Efforts

Table 6 (pg. 32) summarizes the types of outreach or case finding efforts which are made by the agencies studied. The table displays only the method used by agencies and not the amount of the outreach effort. Quantitative aspects of outreach programs are described under the individual disability category profiles.

The amount of outreach effort may vary from an extensive program involving many staff members to one that involves less than one full time staff member. In addition, the outreach effort does not necessarily provide coverage to everyone in the State. For the most part, outreach efforts encourage only a select population from a particular geographic area to enter services. In most instances, not all institutions nor all counties in the State are included.

It is of particular interest to note that individual agencies make varying outreach efforts to the categories they serve. This obviously suggests that there is not equal encouragement to all people in individual categories to enter the employment system.

TABLE 6 (KEY TO SYMBOLS USED)

Outreach Efforts by Agency and Disability Category

The outreach effort that is used as the primary method is listed first. General Outreach, Number 19, refers to efforts not specifically directed toward a particular category. The following is an explanation of the numbering system used in the table:

1. The agency has special personnel located in Out-Patient facilities, Schools, Neighborhoods, or Institutions where the potential clients are located or has special personnel that serve only this category.
2. The agency has an experimental, demonstration, or other special service program assigned for this category.
3. The agency has a systematic referral arrangement with other professional people who deal with this category.
4. The agency disseminates information to the public that specifically mentions its services to this category.
5. The agency serves this category, but makes no special effort to encourage their entering their program.
6. The agency discourages this category from seeking its services.
7. The agency cannot specifically serve this category because of legal or administrative regulations.
8. The agency plans to increase its outreach to this category in the next 2 years.

TABLE 6

Outreach Efforts by Agency and Disability Category

	DVR	SSB	MSES	Title V	VA
1. Mentally Ill	1-8	7	3-4-8	7	7
2. Mentally Retarded	1-3-8	7	3-4	7	7
3. Visually Impaired	7	3-2-4-1	3	7	7
4. Hearing Impaired	4-1-8	7	5	7	7
5. Physically Disabled	5-4	7	3-4	7	7
6. Alcoholics	1-2-8	7	3-4-1-8	7	7
7. Drug Addicts	2	7	3-4-1-8	7	7
8. General Relief	1-3-8	7	1	3	7
9. AFDC	1-3-8	7	1	3	7
10. Older Worker	5	7	2-4	7	7
11. Workman's Compensation	1-8	7	3-5	7	7
12. Migrant Worker	5	7	1	7	7
13. Minority Youth	2-8	7	1-3-4	7	7
14. Minority Adult	2-8	7	1-3-4	7	7
15. Poverty White	2-8	7	3	7	7
16. Underemployed	5	7	2	7	7
17. Public Offenders	1-3-8	7	2	7	7
18. Catastrophically Disabled	2-3	7	-	7	7
19. General Outreach	1	-	1-2-4	-	3-1-4-1

Also of interest is the fact that more than one agency often out reaches the same disability category. This raises the question of whether clients are being encouraged to enter the agency best suited to meet their service needs. For example, should physically disabled people be encouraged to enter services that cannot provide physical restoration, or should minority youths be encouraged to seek services that cannot provide basic education?

Several of the agencies studied engage in outreach efforts not specifically related to any of the 18 disability categories. These additional efforts are shown below.

- A. Division of Vocational Rehabilitation - Vocational Adjustment Coordinators serve school districts around the state and "actively" reach out to serve "juvenile delinquent youngsters" in those districts.
- B. Minnesota State Employment Service - MSES maintains two mobile units in the Twin Cities area and one in Northern Minnesota. These are manned by MSES staff and travel through neighborhoods encouraging people to seek services. MSES also maintains staff at the Selby Dale and Pilot City Projects as well as at three community centers in Minneapolis. Counseling and testing are provided at the Twin Cities Opportunities Industrialization Center and one full time worker is placed with the St. Paul Urban League. School counselors are also added in the summer to serve students.
- C. Veterans Administration - The VA does not specifically outreach any category. Outreach is directed toward veterans who incidentally fall into our 18 categories.

Outreach efforts include information giving and assistance with applications for the full breadth of benefits (including rehabilitation services) by the Veterans Administration Contact Division. In conjunction with this, the State of Minnesota has a "County Veterans Service Officer" in every county, representing veterans and acquainting them with their rights. A contact officer is also located in each Veterans Administration Hospital.

Application forms which may be used to apply for rehabilitation services are sent to every veteran at the time an award of disability is made. Any veteran with 100% physical or 10% or more psychiatric disability level must be contacted and acquainted with rehabilitation services.

The VA, MSES, and Federal Civil Service are working cooperatively to develop veterans assistance centers. Such centers will aid returning veterans to find employment and will place special attention on the "educationally disadvantaged." Special follow-up attempts to bring clients into counseling will be made, including routine contacts to convince individuals to accept services.

Agency Capacity

Agencies were asked to indicate the number of clients they served in their last agency year and the number of filled full-time professional staff positions they had for that year. The following is a breakdown of the results.

The Veterans Administration

Clients served last agency year		<u>1,358</u>
Full-time professional staff positions	<u>6</u>	
Under contract	<u>5</u>	

Minnesota State Employment Service

Clients served last agency year:		
"Handicapped"		<u>10,438</u>
Full-time professional staff positions	<u>4</u>	
Part-time professional staff positions	<u>34</u>	
"Older Worker"		<u>29,813</u>
Full-time professional staff positions	<u>11</u>	
"Migrant Workers"		<u>1,875</u>
Full-time professional staff positions	<u>5</u>	
Part-time professional staff positions	<u>14</u>	

State Services for the Blind

Clients served last agency year		<u>2,299</u>
Full-time professional staff positions	<u>19</u>	

Division of Vocational Rehabilitation

Clients served last agency year		<u>10,438</u>
Full-time professional staff positions	<u>185</u>	

Title V

Clients served last agency year		<u>3,842</u>
Full-time professional staff positions	<u>97</u>	
Total (Full-time only)	<u>327</u>	<u>60,063</u>

The figure 60,063 is not the actual number of clients served last agency year. Some clients have been counted more than one time in this figure (they have been counted under more than one category or they have been served by more than one agency).

Table 7 (page 35) gives the agency service pattern to individual disability categories showing the number of clients served by each agency in each of the disability categories.

TABLE 7 Clients Served (last agency

	DVR	SSB	MSES	Title V	VA	Total
1. Mentally Ill	2,700		482		414	3,596
2. Mentally Retarded	2,200		482			2,682
3. Visually Impaired		3,504	784		21	4,309
4. Hearing Impaired	457		392		10	859
5. Physically Disabled	9,430		5,219		622	14,271
6. Drug Addicts	50				2	52
7. Alcoholics	161		482	55		698
8. General Relief Recipients	481			1,859		2,340
9. Recipients - AFDC	546			1,983		2,529
10. Older Workers - 45-65	1,240		29,813		10	31,063
11. Workmen's Compensation Recipients and Claimants	367					367
12. Migrant Workers	15		1,875			1,890
13. Racial Minority - youth up to age 21	150				5	155
14. Racial Minority - adult	300			772	10	1,082
15. Whites below Poverty Level	50					50
16. Underemployed	797				1,037	1,834
17. Public Offenders	235		140			375
18. Catastrophically Disabled	598				415	1,013

RESULTS - PROFILE BY DISABILITY CATEGORIES

This section of the report will present material on individual disability-categories, profiling the way in which service needs are being met. Material for each category will include: (1) special considerations for each category, (2) numbers of clients served (in the last agency year) by each of the agencies studies, (3) estimated numbers of potential clients, (A) annual incidence of potential clients (only for those categories where this figure could be obtained), (5) agencies plans for expansion of services in the next two years, and (6) outreach efforts.

Certain considerations should be taken into account when reviewing this material. First, in most instances, the figures shown as estimated numbers of potential clients represent the number of such clients at some one point in time. The number of clients served represents a year's period of time. Therefore, the number of clients served in a year will, at times, be higher than the number of potential clients. It should be kept in mind that the number of people unemployed in a category over the course of a year could be many times higher than at any one point in time.

A second factor for the reader to consider is that the total number of clients served in the agency year is derived from a combination of the numbers served by each agency. It is quite possible that a client was served cooperatively by two agencies. The figures may, therefore, be an over-estimate. In instances where agencies could not identify the numbers served in a particular category the figures may be an under estimate of the actual numbers of clients served.

A third consideration concerns descriptions of outreach efforts and plans for expansion of services. Staff and programs were reported which are intended to serve several disability categories. As these figures were reported under each of the categories to be served, totaling figures for all categories would yield an inflated picture of composite efforts.

CATEGORY 1 - MENTALLY ILL

Special Considerations:

1. The definitions for mental illness tend to vary from person to person and agency to agency. Several agencies equate their definition with a person's hospitalization for mental illness. This would substantially reduce the number of people in this category as all those people having mental or nervous problems who were never hospitalized would be excluded.
2. Not all people eligible under the definition of having been hospitalized want or could profit from vocational services. Examples of these might be the housewife who has never worked before and has no intention of doing so, or the person who is capable of returning to his former occupation once the nervous or mental problem has been treated and corrected.

Client Numbers

621 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
940 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	2,700
MSES	483 (Estimate)
SSB	24
Title V	Unknown
VA	414 (Estimate)

Outreach Efforts and Plans for Expanded Service

DVR—Approximately 85 staff members are located directly in institutions and outpatient facilities that serve this category. The institutions are Hastings, Anoka, Fergus Falls, Moose Lake, St. Peter, and Rochester State Hospitals. Hennepin County General Hospital is similarly served. Expanded outreach efforts to this category are planned for the next two years. Plans include adding counselors assigned to Mental Health Centers. Approximately 26 new staff members will be needed to fulfill this aim. DVR also plans to provide staff located at Willmar State Hospital.

MSES—The primary outreach method used involves systematic referral arrangements with institutions and DVR counselors. Increased effort will be directed toward staff training both in MSES and in institutions.

SSB—Plans are to develop a closer working relationship with State mental institutions and mental health centers, on a district basis, to encourage this category to enter services.

CATEGORY 2 - MENTALLY RETARDED

Special Considerations;

1. The mentally retarded have a relatively high capacity to profit from vocational services. Manpower Research Bulletin - Number 6, entitled The Mentally Retarded - Their Special Training Needs, estimated that over 85% of the retarded persons of working age in 1963, who had intelligence quotients between 50 and 70, were capable of being trained for some of the less skilled jobs.
2. There is a good likelihood that the majority of the retarded could be identified if adequate referral procedures were established at normal contact points. For example, because of compulsory education laws one would assume that schools would regularly come in contact with the retarded, and if proper identification procedures were used, clients in this category could be identified. Other possible mechanisms for identification could include routine testing done by the Minnesota State Employment Service and testing done prior to induction into the Armed Services.

Client Numbers

2,724 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
1,324 - Estimated minimum number of potential clients. 1,139 - Annual incidence of potential clients.

Number Served Last Agency Year - By Agency

DVR	2,200
MSES	482 (Estimate)
SSB	42
- Title V	Unknown
VA	Unknown

Outreach Efforts and Plans for Expanded Service

DVR - Approximately 60 Vocational Adjustment Coordinators serve this category. The majority of these coordinators are located in schools throughout the State. They also serve Brainerd State Hospital and Owatonna State Schools.

MSES-The primary outreach method used involves referral arrangements with institutions and DVR. MSES also disseminates information to the public concerning the services provided to individuals in this category.

SSB - Plans are to significantly increase outreach efforts to this category through increased diagnosis of multiply handicapped children by community resources.

CATEGORY 3 - VISUALLY IMPAIRED

Special Considerations:

The incidence of legal blindness is much higher over age 65 when people would normally leave the labor market than during regular working years. A disproportionately large number of individuals in this category are, therefore, essentially not in the labor market.

Client Numbers

4,309 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
445 - Estimated minimum number of potential clients. 448 - Annual incidence of potential clients.

Number Served Last Agency Year - By Agency

DVR	0
MSES	784 (Estimate)
SSB	3,504
Title V	Unknown
VA	21 (Estimate)

Outreach Efforts and Planned Expansion of Service

DVR--Cannot specifically serve this category.

MSES--The primary method used involves a referral arrangement with State Services for the Blind. Increased cooperation and coordination are planned.

SSB--The primary outreach method used is a systematic referral arrangement with ophthalmologists. People who are visually impaired are placed on the Register for the Blind. The Prevention of Blindness Program, to screen the public, also serves as a case finding mechanism. The program is run in conjunction with the Minnesota Medical Association and involves preschool screening for youngsters to aid in the early detection of visual problems.

Plans for increasing services include third party agreements, improved referral processes, improved coordination with county welfare departments, mental health centers, and medical and health resources, as well as increased activity with minority groups, and utilization of rehabilitation aide technicians.

SSB has given a grant to the Minneapolis Society for the Blind for a project called Community Services Program. This project is studying the manifestations of dependency in relationship to aging and blindness. It is teaching the elderly visually impaired new compensatory skills and is studying attitudes of accommodation in this group. It is also training staff people, rest home personnel, and families to deal with this population. Six staff members are employed.

SSB has also designed a special project to develop skills of communication and mobility of a high order in a ten week period. A group of 23 blind students, just out of high school, will receive very concentrated services. The project has a staff of ten specialists. Films will be taken prior to the concentrated training, and after its completion, to demonstrate the effectiveness of the technique.

In addition, a "unique" network of FM educational broadcasting systems will soon be established. Broadcasts will be carried over sub-carriers that are not audible over a standard receiver. The program will serve approximately 5,000 people during 17 hours of programming per day. The network will broadcast, for instance, in-depth news and information concerning visual problems.

CATEGORY 4 - HEARING IMPAIRED

Special Considerations:

1. The incidence of hearing loss is greatest at the age when individuals would normally be leaving the labor market - 65 years of age and over.
2. Most hearing impairments can be normalized through either medical care or the use of hearing aids, and thus in many instances, do not create serious vocational problems.

3. It should be emphasized that the figures used in this report represent numbers of person with hearing losses that have resulted in reported limitation of activity. In addition, the figures are for the age range 18 to 65 and not for the total population of the State.

Client Numbers

884 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
259 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	457
MSES	392 (Estimate)
SSB	25
Title V	Unknown
VA	10 (Estimate)

Outreach Efforts and Plans for Expanded Service

DVR -- Approximately five additional counselors will be hired to serve this category. Dissemination of information to the public is the primary outreach method used. In addition, one staff person is located at Faribault School for the Deaf.

MSES--Although this category is served, no special effort is made to encourage these individuals to enter services.

SSB -- A significant increase is planned in services to children with both hearing and visual handicaps. A federally sponsored training program for the deaf-blind will be employed.

CATEGORY 5 - PHYSICALLY DISABLED

Special Considerations:

1. This is not only a very large category, but it also tends to overlap substantially with every other category. Virtually all clients within the categories of Workmen's Compensation Recipients and Claimants, and Catastrophically Disabled are also included here.
2. The existence of a physical disability does not necessarily indicate whether a person will participate in the labor force or not. It is true, however, that people with physical disabilities, especially women, are less likely to participate in the labor market than non-disabled individuals.

Client Numbers

15,709 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
13,341 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	9,430
MSES	5,219
SSB	438
Title V	Unknown
VA	622

Outreach Efforts and Plans for Expanded Service

DVR ---Although this is the largest category served, no special attempt is made to encourage individuals to enter the program. General information provided to the public includes mention of services to this category. DVR is considering assigning counselors to specific hospitals that serve this category.

MSES --Dissemination of information to the public is the primary method used. A referral arrangement with DVR has also been established. Increased emphasis on this category is planned through staff training and increased public relations and employer contact.

SSB ---A small increase in emphasis on this category is planned.

CATEGORY 6 - ALCOHOLICS

Special Consideration:

Most alcoholics are currently employed. The Governor's Council on Alcohol Problems estimates that alcoholism among employees may run as high as 5% to 10% for some industries. This would tend to suggest that vocational services are not necessarily the critical issue in the rehabilitation of the alcoholic. In most disability categories, rehabilitation services usually assist the individual to compensate for his disability. In the case of the alcoholic, rehabilitation is most successful when the "disease" itself has been eliminated; when the person stops drinking. It is not known what proportion of the "dry" alcoholics are in need of vocational rehabilitation, or how many of the "wet" alcoholics could participate in and profit from vocational services.

Client Numbers

698 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 2,771 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	161 (Estimate)
MSES	482
SSB	Unknown
Title V	55 (Estimate)
VA	Unknown

Outreach Efforts and Plans for Expanded Service

DVR -- The primary outreach effort involves the placement of one staff member at the Willmar State Hospital - Alcoholic Unit. A special program, "Rehabilitating Alcoholics in Industry" is also being conducted. The program will serve approximately 100 clients. Three staff members are assigned to the project.

Plans for expansion of services include an increased involvement with treatment institutions. Approximately 29 staff members will be added to serve both the mentally ill and alcoholics. Planned sites are Willmar and Crookston.

MSES -- The primary outreach method involves referral arrangements (Fellowship Club and Granville House). In the St. Paul office, one staff member is assigned to this category for two-thirds time.

A significant increase in services to this category is planned. Staff training in alcoholism at a state hospital and close cooperation with the Governor's Commission on Alcohol Problems will be included.

CATEGORY 7 - DRUG ADDICTS

Special Consideration:

Obtaining estimates and identifying the number of potential rehabilitation candidates in this category is particularly difficult in that the taking of drugs is illegal and potential clients will tend to conceal this activity.

Client Numbers

52 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
172 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	50
MSES	Unknown
SSB	Unknown
Title V	Unknown
VA	2

Outreach Efforts and Plans for Expanded Service

DVR -- The primary method of outreach is through a special follow-up program involving the National Institute of Mental Health. The program deals with committed patients from Federal Treatment Centers at Lexington, Kentucky and Fort Worth, Texas. One staff member is employed to reach approximately 20 clients.

Plans are to increase services through a contract with the National Institute of Mental Health. Two staff members will be added.

MSES The primary outreach method involves referral arrangements. In addition, one staff member, one-third time, is employed to serve this category on an experimental basis.

Increased emphasis will be placed on this category through the training of handicap specialists and youth counselors. MSES may also add service to Minneapolis. They now serve this category in St. Paul.

CATEGORY 8 - GENERAL RELIEF RECIPIENTS

Special Considerations:

1. Because of the seasonal nature of much of the employment in the State of Minnesota, the number of people drawing general relief will vary from summer to winter.
2. Maintenance relief is typically a relatively short-term program. It is usually utilized to alleviate a temporary employment situation or as a means of support while an individual awaits acceptance by a categorical aid program.

Client Numbers

2,340 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 2,001 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	481
MSES	Unknown
SSB	Unknown
Title V	1,859 (Estimate)
VA	Unknown

Outreach Efforts and Plans for Expanded Service

DVR -- The primary outreach effort involves two staff members located at the Ramsey County Welfare Department, St. Paul. Referral arrangements have also been established with other county welfare departments.

Plans are to have one or two staff members available to review general relief cases and expedite referrals to DVR district offices.

MSES---The primary method used involves 25 staff members who work in the neighborhoods of Minneapolis, St. Paul, and Duluth, as well as on Indian Reservations.

CATEGORY 9 - AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN) RECIPIENTS

Special Considerations:

1. In most instances potential clients in this category will be women. Women, especially those with young children, participate to a much lesser extent

in the labor market than do men. It would seem unreasonable to expect people in this category to be willing to participate in the labor market to the degree normally found among men, unless special incentives were provided.

2. It is not known, at this time, what effect new AFDC legislation will have on programs designed to lead toward employment. The current state law is based upon the voluntary participation in such programs by AFDC recipients. Should participation become compulsory it is anticipated that enrollment in programs would be increased.

Client Numbers

2,529 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 2,356 - Estimated number of potential clients.

Number Served Last Agency Year - By Agency

DVR	546
MSES	Unknown
SSB	Unknown
Title V	1,983
VA	Unknown

Outreach Efforts and Planned Expansion

DVR --- The primary method used involves the placement of two staff members at the Ramsey County Welfare Department in St. Paul. Referral arrangements have also been established with other county welfare departments.

Plans include having one or two staff members available to review cases and expedite referrals to district offices.

MSES -- The primary method used involves 25 neighborhood workers in neighborhoods in Minneapolis, St. Paul and Duluth as well as on Indian Reservations.

Plans for expansion of services are dependent upon the passage of facilitating legislation for Project WIN which is designed to replace some of the services performed by Title V. If 50% of the eligible people were enrolled (approximately 7,500) Project WIN could employ a staff of approximately 200.

CATEGORY 10 - OLDER WORKER

Special Considerations:

1. Although people over the age of 45 are often expected to be handicapped in obtaining employment, it is interesting to note that between 40% and 50% of the total labor force in the State of Minnesota is over age 45. The highest percentage of participation in the labor force by women is found in the age range 45 through 54.

2. The incidence of medical problems, which would overlap into other disability categories, is substantially increased in people over the age of 45.
3. The closer a worker comes to the age of 65, the shorter will be the time that he will benefit from an extensive rehabilitation program prior to his retirement. If rehabilitation resources are limited, priority might be given to another category that has a longer expectancy in the labor force.

Client Numbers

31,063- Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
20,440 - Estimated minimum number of potential clients.
1,437 - Annual incidence of potential clients.

Number Served Last Agency Year - By Agency

DVR	1,240
MSES	29,813
SSB	
Title V	
VA	10

Outreach Efforts and Plans for Expanded Service

MSES -- The primary outreach method used is "The Older Worker Services Unit Project," a special program designed for this category.

Plans include establishment of a program in Minneapolis to find part time employment for people 65 years of age and older.

SSB --- Three additional orientation and mobility specialists have been requested in order to provide compensatory skill training for the older citizen.

CATEGORY 11 - WORKMEN'S COMPENSATION RECIPIENTS AND CLAIMANTS

Special Considerations:

1. The estimated number of potential clients for this category is based on a year's period of time. Therefore, for this category, the annual incidence will be identical to the number of potential clients.
2. As of September, 1967, the Division of Vocational Rehabilitation established a program which will obtain referrals of individuals in this category on a systematic basis. Clients who have been drawing compensation for 26 weeks, or who are expected to draw compensation for that period of time, will be referred for possible rehabilitation services. It is as yet too early to obtain accurate estimates of the numbers of clients referred who will be accepted for services by DVR. Some may be so greatly disabled that it is unlikely they could obtain employment through rehabilitation services, while others may recover sufficiently and not need

services or assistance in finding employment.

3. The categories of recipients and claimants used for the purposes of this report were permanent-partial disability and temporary-total disability. These are the categories most likely to contain potential rehabilitation clients, but do not necessarily include all such individuals.

Client Numbers

367 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 14,786 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	367
MSES	Unknown
SSB	
Title V	Unknown
VA	Unknown

Outreach Efforts and Plans for Expanded Service

DVR ---The primary method used is the placement of two staff members at the Division of Workmen's Compensation, State Department of Labor and Industry. (The addition of one counselor to serve this category is being considered.)

MSES No special effort is made to outreach this category. However, referrals from DVR staff assigned to the Workmen's Compensation Commission are accepted.

CATEGORY 12 - MIGRANT WORKERS

Special Considerations:

1. Since Public Law 78 was terminated on December 31, 1964, foreign agricultural workers have ceased to be available to Minnesota employers.
2. The majority of the migrant workers are of Mexican descent and maintain permanent homes in Texas. They usually travel from state to state for agricultural work and at the conclusion of the season return to their home state. Under the Minnesota Annual Worker Plan, the Minnesota State Employment Service assists migrant workers in planning their work itineraries to avoid needless delays in finding new employment. When contracts have been completed, referrals are made to other states if the workers so desire.
3. Since the migrant labor population tends to come to Minnesota on a seasonal basis, the annual incidence of clients would be the same as the total number.
4. MSES reports that the number of migrant workers is declining. Because of the unique employment situation of migrant workers, no means could

be found to compute the number of potential clients for the employment system.

Client Numbers

1,890 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.

Number Served Last Agency Year - By Agency

DVR	15 (Estimate)
MSES	1,875
SSB	
Title V	Unknown
VA	Unknown

Outreach Efforts and Planned Expansion of Service

MSES---The primary method used involves five full time and fourteen part time seasonal Farm Representatives who work directly in the areas where migrants are located. Two staff members also go to Texas each year to recruit workers. MSES will be assuming authority for the inspection of housing for migrant workers this year.

CATEGORIES 13 & 14 - RACIAL MINORITY - YOUTHS & RACIAL MINORITY - ADULTS

Special Considerations:

1. In recent years there has been a focusing upon social injustice to minorities on a nationwide scale. Social unrest and legislation have increased the pressure to serve this population.
2. As compared with other states, minority group members comprise a very small percentage of the population of Minnesota.
3. Although the number of racial minority group members is small, a disproportionately great number of disabling conditions exist in these populations. For example, an unemployment rate as high as 80% occurs on Indian Reservations. Based on an estimate by a school official, the school dropout rate for Indians is about 60%.
4. Different patterns of employment and unemployment exist in this country for the white and non-white populations. In 1962, 11% of the U.S. labor force was non-white. During this same period of time, non-white workers accounted for 22% of the unemployed and 26% of the long term unemployed. In 1962, white teenage boys and girls had an unemployment rate of 12%. During this same period of time, the unemployment rate for non-white teenage boys was 21%. Such figures illustrate the dangers involved in applying a statewide unemployment rate across all groups.

MINORITY YOUTHS

Client Numbers

161 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
93 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	150 (Estimate)
MSES	Not Available
SSB	6
Title V	Unknown
VA	5 (Estimate)

Outreach Efforts and Plans for Expanded Service

DVR--- The primary outreach method involves 5 staff members placed at the Pilot Center Project in Minneapolis. The project is intended to reach 500 people. Future plans include the addition of one more aide to serve the Center. Vocational Adjustment Coordinators, placed in the Minneapolis schools make up a second part of the outreach effort. Such Coordinators will spend more time serving this category in the future.

Plans include the addition of one counselor to the Concentrated Employment Program at Duluth.

MSES -- The primary method used is the stationing of staff in neighborhoods in Minneapolis, St. Paul and Duluth as well as on some Indian Reservations. Many are also reached through Human Resources and Development efforts to all disadvantaged in Minnesota. Information is also disseminated to the public concerning services to individuals in this category.

Plans for increasing the emphasis on services to this category include participation in the Model Cities Program in South Minneapolis, a proposed Model Cities Program in St. Paul, and a Concentrated Employment Program in Duluth. There will be increased use of job mobiles, neighborhood workers, and outreach offices. Increased emphasis will be placed on the Pilot Center in North Minneapolis. MSES is also trying to hire minority persons to fill positions throughout the agency.

SSB -- Five additional rehabilitation aide technicians have been requested to work with minority groups, including the underemployed.

MINORITY ADULTS

Client Numbers

1,104 - Clients served by DVR, MSES, SSB, Title V, VA, in their last agency year.
1,714 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	300 (Estimate)
MSES	Unknown
SSB	22
Title V	772 (Approximation)
VA	10 (Estimate)

Outreach Efforts and Plans for Expanded Service

See Minority Youths.

CATEGORY 15 - POVERTY WHITES

Special Considerations:

1. For the purposes of this report, poverty is defined as an annual family income of \$3,000 or less. Included in the figure shown as estimated number of potential clients were heads of families who were earning \$3,000 or less.
2. The incidence of other disabilities tends to be the highest among the poor. This category, therefore, overlaps considerably with others such as Physically Disabled, Mentally Ill, and General Relief and AFDC Recipients.

Client Numbers

850 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 32,682 - Estimated minimum number of potential clients.

Number Served Last Agency Year - By Agency

DVR	50 (Estimate)
MSES	Unknown
SSB	800 (Aid to the Blind Recipients)
Title V	Unknown
VA	Unknown

Outreach Efforts and Plans for Expanded Service

DVR ---The primary outreach method involves 5 staff members placed at the Pilot Center Project in Minneapolis. The project is intended to reach 500 people. Future plans include the addition of one more aide to serve the Center. Vocational Adjustment Coordinators, placed in Minneapolis schools make up a second part of the outreach effort. Such Coordinators will spend more time serving this category in the future.

The addition of one counselor to the Concentrated Employment Program at Duluth is planned.

MSES -- The primary outreach method used involves referral arrangements. Plans for added emphasis on this category include the increased use of job mobiles, neighborhood workers, and outreach offices. MSES will also cooperate closely with the National Alliance of Businessmen.

SSB --- Plans are to increase services designed to remove clients from Aid to the Blind rolls.

CATEGORY 16 - UNDER EMPLOYED

Special Considerations:

1. The common definition of under employed as, "one who is working below his skill capacity, or one who has now received notice that he will be working less than full time in his industry or occupation, or one who has received notice that he will be unemployed because his skill is becoming obsolete," is not operational enough to define numbers of people in this category.
2. There are an "estimated" 150,000 "disadvantaged" people in the State of Minnesota who have many of the same characteristics as the under employed. This figure is at best an estimate and should be regarded as such.

Client Numbers

1,834 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year. 150,000 - Estimated number of potential clients.

Number Served Last Agency Year - By Agency

DVR	797
MSES	Unknown
SSB	Unknown
Title V	Unknown
VA	1,037

Outreach Efforts and Plans for Expanded Service

DVR --- Plans include the addition of one counselor to serve two distressed counties (Wadena and Todd) to serve people identified as being poor, handicapped, and under employed.

MSES -- Plans for additional emphasis on this category include the increased use of job mobiles, neighborhood workers, and outreach offices. MSES also plans to work in cooperation with the National Alliance of Businessmen.

The primary outreach, method used is through HRD efforts.

CATEGORY 17 - PUBLIC OFFENDERS

Client Numbers

375 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
414 - Estimated minimum number of potential clients. 697 - Annual incidence of potential clients.

Number Served Last Agency Year - By Agency

DVR	235
MSES	140 (Estimate)
SSB	Unknown
Title V	Unknown
VA	Unknown

Outreach Effort and Plans for Expanded Service

DVR --- The primary method used involves the placement of staff at St. Cloud State Reformatory and the Women's Reformatory at Shakopee. One and one-half (1 1/2) staff positions are assigned. A secondary method is through referral arrangements with judges. This is primarily handled through the Vocational Adjustment Coordinators and is intended to serve delinquent youths.

Plans are to expand cooperative programs at Lino Lakes and St. Cloud State Reformatory and to increase the activity of the Vocational Adjustment Coordinators.

MSES -- The primary method used is a special service program, which involves three staff members assigned at Stillwater, Red Wing, St. Paul and St. Cloud.

Plans for expanding the emphasis on serving this category included an MDTA (Manpower Development and Training Act) training project at Stillwater Prison. Plans are currently being made to provide employment counseling at the Federal Prison at Sandstone, Minnesota.

CATEGORY 18 - CATASTROPHICALLY DISABLED

Special Consideration:

This category, utilized primarily by the Division of Vocational Rehabilitation, included victims of strokes, heart attacks, and malignant neoplasms. Since these are very severe physical disabilities, the number of people able to respond to vocational services would be small.

Client Numbers

2,563 - Clients served by DVR, MSES, SSB, Title V, VA in their last agency year.
96,426 - Estimated minimum number of potential clients.
2,058 - Annual incidence of potential clients.

Number Served Last Agency Year - By Agency

DVR ---The primary method involves one staff member at Hennepin County General Hospital, Minneapolis, and *one* counselor at Fairview Hospital, Minneapolis.

There are no plans to expand services to this category.

INTERPRETATION

This section of our study was intended to produce information which would be helpful to planners in determining which individuals the employment system could serve. The task of making available such information proved to be quite difficult as has already been made evident in the discussions of procedures and results for each phase of the research.

For the most part our data is not conclusive. Certain trends can be identified Those which we consider of major importance are listed below.

1. It is, for all practical purposes, impossible to forecast the numbers of potential clients who are currently unserved. This is due to several factors - among them the inadequacy of the disability categories in identifying all unemployed or under employed people, and our lack of a means of determining whether we should serve every potential client once they all have been identified. Obviously the employment system is not large enough to handle every unemployed or under employed person, and we should have a set of rational priorities to use in deciding whom to serve.
2. Services are not equally available to all individuals in need. A person's location in a particular geographic area, or his contact with a particular institution, may determine whether he receives services or not. For example, if an individual lives within the boundaries of a Concentrated Employment Program, he is much more likely to receive services than someone who lives just outside those boundaries. Or, if an individual is in an institution which is staffed by an agency providing rehabilitation services, his service needs will more likely be met than if he were in some other institution.
3. For the most part outreach efforts are inconsistent and inadequate. Many disability categories are simply not included in agencies' outreach efforts. Methods used, and intensity of effort, vary greatly. If equal access to the system were desirable, it would seem that a systematic pattern of outreach effort could be developed so that all potential clients, in all areas of the State, would be equally encouraged to seek assistance.
4. Disability categories are principally useful, however, only for identifying target population and designing outreach programs. They are not useful in trying to assess the exact nature of the problems that are keeping a client unemployed - i.e., "never gets to work on time", "always fighting with his supervisor", but they do help in identifying people who might be served, i.e., "the mentally retarded", "the paraplegics". Disability categories provide a convenient means of arousing legislative interest. In the final analysis, however, they are only useful in identifying potential entrants into the system, and do not provide us with the tool that enables us to decide who will be served.

Individuals with either medical or psychological disabilities are much more likely to receive services than those whose disabilities have negative social implications. Persons in categories such as Public Offenders, Minorities, and Poverty Whites, receive proportionately less in the way of services than do individuals in other categories.

Priorities are needed to help us decide who will be served. For example, if we could identify every unemployed or under employed person right now, we would have a much larger pool of clients than we could serve. It is not enough to say that we will serve one disability category over another, for these decisions evade the basic issue.

Fundamentally, we should be concerned with the economic and social implications of our choices as to whom to serve. Is it our responsibility to try and serve first and foremost all these people now supported by public money? Should we concern ourselves first with minority groups, who have long felt discrimination, or concentrate instead on the "hard luck" white, middle-class clients? Or perhaps we should only invest time and money in people who can be "successfully" served? In the ideal employment system, target groups should be defined in this manner.

SUMMARY

In this section of our research, we set out to collect information useful in determining which individuals the employment system does and should serve. We collected data relevant to the five primary agencies within Minnesota's employment system, utilizing the 18 disability categories most common among these agencies.

Data was gathered concerning three main issues: (1) How many potential clients exist, (2) How do clients enter the system and how many are served, and (3) How are service needs being met.

We found that although data gathered has some use for planning, these questions cannot be conclusively answered at the present time. The limited utility of disability categories for estimating outreach or potential numbers of clients, and the lack of comparability of data collected from the agencies studied, and from other resources, were the greatest problems encountered in the research.

General trends noted include unequal availability of services to those in need, the utility of disability categories only for identifying target populations, inconsistent and inadequate outreach techniques and the lack of a set of priorities as to "who should be served", emphasis on service to those individuals whose disabilities do not have negative social connotations.

OBJECTIVES - SERVICES - STANDARDS

Order and simplification are the first steps toward the mastery of a subject—the actual enemy is the unknown.."

Thomas Mann
1875-1955

OBJECTIVES - SERVICES - STANDARDS

INTRODUCTION

A major goal of the study undertaken involved the seemingly simple task of describing the objectives and services of existing agencies. It seemed reasonable that if one were to consider changing the system, the first step would be to understand the present system.

In order to gain such an understanding, certain types of specific information concerning existing agencies would have to be gathered. If the results of a study of existing agencies were to yield information useful in planning, data collected would have to precisely describe what specific client needs an agency is prepared to meet (objectives), and exactly what the agency is equipped to do to meet those needs (services). Two additional requirements of the study would be that it produce comparable data for all agencies, and that descriptions of agency function be presented in such a way that it would ultimately be possible to determine, through measurement, whether an agency was accomplishing its stated purposes.

We felt that such a study of objectives and services would be profitable, • not only in planning, but also in agency management and the provisions of direct service to clients. Some of the possible benefits would include:

1. For Planning
 - A. Data gathered would form a basis for eliminating overlap and duplication of services.
 - B. Information collected would make it possible to identify gaps in the total service network.
2. For Agency Management
 - A. Function studies would assist in determining the type of organizational structure which would best facilitate agency goals.
 - B. Information obtained would be highly useful in selecting and training staff, since skill requirements could be identified in relation to specific services provided to meet defined client needs.
 - C. Precise descriptions of agency function would make quality control, through the use of an information system, possible.
 - D. Programmatic budgeting could be instituted to enable agencies to ascertain the cost of achieving specific client objectives. Agencies could then choose program alternatives in keeping with limited funds and available manpower.
3. For Direct Service to Clients
 - A. A model developed for profiling (precisely describing) an agency's objectives could be translated into an instrument to be used to assess

clients entering the employment system. This would be accomplished by linking the problems of individual clients with the spectrum of stated objectives an agency is equipped to serve.

- B. Once developed, such an instrument could be consistently applied to insure that each client received a comprehensive assessment of his problems.
- C. Precise description would lend structure to the evaluation process by making clear exactly what result was to be achieved in each case.
- D. As both the services offered by an agency, and the problems presented by the client would be defined in operational or behavior related terms, it would be possible to easily link the client with a variety of service programs in a systematic fashion.

In summary, if the objectives and services of agencies were clearly defined, agency administrators would have an additional tool with which to make decisions in a variety of areas including organizational structure, staffing patterns, and program alternatives. The technical capacity would be provided to make quality control possible and to insure that each client received those services which he needed. Information would also be available allowing planners to arrive at designs for modification and improvements of the employment system.

PHASE I - STUDY OF EXISTING TECHNIQUES

It was decided that three major questions would be stated in an effort to obtain a clear understanding of agency's functions.

- 1. How do agencies themselves now describe what they do?
- 2. What instruments are there now available to profile an agency?
- 3. What plans do the agencies themselves and other groups have for determining and evaluating what agencies do?

PROCEDURE

Three methods were used to attempt to gather information which would answer the questions outlined above and hopefully provide a mechanism for describing the objectives and services of an agency at such a level whereby performance can be measured.

The first effort involved reviewing written materials prepared by a variety of large agencies concerning the functioning of those agencies. Information systems and methods for describing services were also reviewed for those agencies currently providing services.

An attempt to locate instruments currently being used to profile an agency's services comprised the second procedure. Included in this step was an evaluation of each of the existing instruments.

Finally, a number of additional resources were contacted in the search for a descriptive instrument. These included: Social Rehabilitation Service, American Public Welfare Association, Department of Labor, Systems Development Corporation, and American Rehabilitation Foundation.

RESULTS

In reviewing materials gathered from agencies currently providing services, we found that most agencies use one or more of the following three methods to describe what they do.

1. "We serve certain kinds of people." Agencies often describe their function on the basis of a prominent characteristic of their clients, such as age ("older workers"), physically handicapped ("cerebral palsy"), or racial minority ("Negroes").
2. "We help people adjust to life." A procedure common to most agencies is the use of a general statement of goals to describe their program. For example, one primary agency describes its goals as "...such medical and job training assistance as they need to become productive, competitive workers, and then to secure gainful employment...." Another agency with a remarkably similar staffing pattern and with employment as its ultimate goal says it "helps each applicant achieve vocational adjustment at as satisfactory a social, economic and skill level as possible."
3. "We provide counseling." The third method commonly used by agencies to describe themselves is that of a process description. The most common of these describe services by activities of a professional discipline such as "vocational counseling" or "casework services".

Instruments currently in use to profile an agency's services were found in a variety of sources including "Resources Handbooks" containing agency descriptions: a survey instrument used by the Commission on Accreditation of Rehabilitation Facilities; and documents from the National Policy and Performance Council of the Social Rehabilitation Service.

Each of these resources was capable of identifying some agency activities and conditions ("Personnel" and "Physical Plant"). However, no instrument was found which could clearly define all activities of agencies in a precise and comprehensive fashion.

In contacting additional resources such as the Social Rehabilitation Service, American Public Welfare Association and American Rehabilitation Foundation, among others, no instrument could be found. Not only were these agencies unable to provide a model which could be used to describe an agency, but personnel (most of whom were interviewed personally) were not even certain as to how such a task could be approached.

Although many individuals contacted during this first phase of the study expressed interest, no agency was located which had defined a systematic procedure for constructing an instrument which would be useful for either determining exactly what the agency was doing or for evaluating the results of services provided.

INTERPRETATION

Having gathered material available concerning the methods used to describe agency function it became apparent that the model we sought to profile and evaluate an agency did not exist.

Agencies which describe themselves in terms of the characteristics of their clients provide descriptions which enable onlookers to obtain an idea of who is being served, but such descriptions in no way explain what the agency is doing or why. A characteristic ("public offender") offers only the slightest hint of many possible agency services which might be offered, since the relationship between a given characteristic and service needs is a loose one. For example, a client with the characteristic of Mental Retardation may need services such as work habits training, skill assessment, and money management, which might be identical to the service needs of an older worker or minority group member. For the most part, needs determine service patterns, but not characteristics.

General statements of goals used to describe agency programs appear to be virtually immune to measurement. Although it may be necessary for an agency to initially state its goals in such a manner, unless general statements (such as - "help each applicant to achieve vocational adjustment") are further defined, they are of little value in understanding precisely what an agency is doing and are of little use in planning.

Process descriptions, describing services by activities of professional disciplines such as "vocational counseling", appear to be just as inadequate for the purposes of evaluation as the two methods already discussed. These do provide an understanding of the staffing pattern of a given system but it is never quite clear exactly what the counselor or caseworker is really doing. Occasionally, when a service system describes medical or paramedical services such as Ophthalmology or Speech Therapy, it becomes possible to make an educated guess as to what objectives ("improved vision") ("better speech") the system is trying to achieve and what specific services might be provided.

It became clear that none of the resources used could provide the instrument which was sought and that without such a tool the system must operate on faith.

PHASE II - DEVELOPMENT OF OBJECTIVES - SERVICES - STANDARDS

PROCEDURE - OBJECTIVES AND SERVICES

The Center began using operational terms to describe client problems in 1965. Over a period of three years, an attempt was made to define, with varying degrees of precision, the objectives of its programs. Special programs offered by the Center made it essential that the most elusive of terms ("enthusiasm for work") be defined to the point where a specific service could be provided and the effect of that service measured.

The State vocational rehabilitation planning effort made possible the intensification of work previously begun, and brought additional staff resources to bear on the problem.

The availability of Center staff members who had already been involved in similar work was essential to the task undertaken in Phase II of this segment of the research. As it became apparent that Phase I would not yield either adequate descriptions of agency function, or an instrument which could be used to obtain such descriptions, it was decided that an attempt would be made to develop a means for profiling agencies.

At this point a determination was made that definition of agency objectives and services would form the primary component of the instrument needed. For this purpose, "objectives" were defined as desirable outcomes to be achieved in relation to specific client needs, Services were defined as activities which agencies engage in in order to achieve the objectives (or outcomes).

The basic reason for the decision to focus on objectives and services was that these would provide the precise description of agency function which was sought. Stating all outcomes to be achieved and all services to be provided to achieve those ends would yield a comprehensive picture of what an agency was doing and why. Operationally stated objectives would also make possible the systematic collection of data for evaluation of whether desired outcomes were being achieved. If all agencies were described in terms of objectives and services, comparison of agency's roles and functions would be possible and identification could be made of those needs which the employment system is prepared to meet and those which it cannot presently deal with.

It was felt that other issues such as funding, personnel, research, and physical facilities, although ultimately of importance, were not appropriate for initial consideration as these would need to be related to the objectives of the agency before they could become meaningful.

The process involved in developing a list of objectives and services was lengthy and complex. The starting point was the general goal of a "better life for all" - a statement distressingly similar to those goals stated by many community agencies contacted in Phase I. "Better life" was then split into three area goals of: Employment, Community and Personal Adjustment, and Health. These three were split again into sub-areas. For example, in the area goal of Employment three sub-goals were developed and titled, "Job Selection", "Job Acquisition", and "Job Performance." These sub-goals were then defined and based on those definitions, another split was made creating eight objectives. The process of defining and splitting objectives into sub objectives was continued until "practicality" determined that a specific item be split no further.

In the Employment area, the splitting process was carried out to a considerable extent as great detail seemed to be necessary for planning purposes. The Medical section was carried through with precise splits only in those areas where it appeared that medical services would clearly and directly affect a person's employ ability. The Community and Personal Adjustment area was not highly developed in terms of the precision of items as this was felt to be unnecessary for state planning purposes.

RESULTS - OBJECTIVES AND SERVICES

The major listing of objectives and services arrived at contains nine sub goals, thirty-nine possible objectives, and forty-five distinct service patterns. From this list, objectives and services were selected and re-ordered into more functional groupings for the purpose of state planning. The adapted list of objectives and services may be found in Appendix F, pg

PROCEDURE - STANDARDS

At this point, it was our feeling that a definition of standards was necessary as these provide the framework within which decisions concerning specific objectives and services can be made. A listing of standards was considered essential as they are the general statements of system goals which, if adopted, provide decision-makers with guidelines, from which to develop specific operational procedures.

It was felt that standards can substantially affect the elements within a system. For example, if adopted, the standard, "Utilization of community resources should be based on costs in relation to benefits," would dramatically change the present system. It would require that every agency within the system measure the results of its services, possibly through the use of an independent agency to do the measurement. Agencies would calculate costs on the basis of standardized costs formulas. Those agencies having high costs and low benefits would have to modify their services or perhaps be phased out of existence. This is but one example of the possible effects which the introduction of standards might have on the employment system.

Most agencies do already have standards which affect operational practice. However, agency standards are rarely ever written except as they appear in legislation or legislative regulations.

Standards were, therefore, defined through the use of several resources, including a survey gathered for a variety of citizens in the community (see Community Surveys - Section I), review of standards used by the Commission on Accreditation of Rehabilitation Facilities, and the experience of the Research Agency staff and its consultants.

RESULTS - STANDARDS

The result of these efforts was the preparation of a list of 48 written standards for review by those involved in statewide planning. The list of standards may be found in Appendix G, pg. 120.

INTERPRETATION

The list of objectives developed by the Center is not intended to represent an ideal system, nor is it suggested that each objective be built into the employment system. A wide range of possible programmatic objectives is offered, however, out of which the decision-maker can begin to consider those things which occur or ought to occur within the employment system.

In some cases, the service list is definitely not all inclusive. Services were included primarily to aid in clarifying the objectives. It seemed that

in order to evaluate a specific objective a key element in the consideration would be the range of services needed to achieve that objective. It is our contention that an agency should not state that it will try to attain an objective unless it is able to provide reasonable services needed to achieve that objective.

It is our feeling that statements of standards included in this report should be given careful consideration by those involved in planning and that the standards adopted will ultimately determine the nature of the employment system in 1975. The list provided is not an exhaustive one, however, and those who plan will find the need to develop additional standards.

In reviewing the objectives, services, and standards, it is important to recall the scope of the "system." The scope is not restricted to just one agency or the primary agencies. The concern is for all resources, both public and private, institutions, and individuals who might aid an unemployed person to get back to work or otherwise lead a more satisfying life.

There appears to be no escape from the task involved: someone should define the objectives, services, and standards of the employment system. We say should because the present system is operating with some degree of success without these definitions. Once the objectives have been defined and agreed upon, it is the job of the administrator to develop services and the necessary conditions, such as people and money, to accomplish these objectives. To fail to define objectives would promote an uncontrolled expansion of the system which might and might not serve the best interest of clients.

There are some legitimate questions to be raised concerning just who decides what goes on within a public system. However, it does seem clear that all such systems must be responsive to the public. Agency administrators implement objectives which are loosely stated by legislation, encouraged and paid for by the public. Although administrators should have a strong voice in determining objectives, the decision cannot be rendered without dialogue with those that support the system - the community.

It is not a simple task to decide on standards and objectives. The responsibility for defining objectives more specifically is a difficult one to accept. One might feel most comfortable in continuing the present procedure of unplanned activity. However, if a quality system is to be established, one way is to go through the process of saying yes or no to general standards and specific objectives and then developing an effective service pattern to achieve those objectives.

GENERAL SUMMARY

An attempt was made to gather information from agencies within the system, as well as from other sources, which would either describe existing agency's functions, or provide an instrument to be used in making such descriptions. When it was found that resources contacted could provide no adequate means to achieve this end, preliminary listings of objectives, services, and standards were developed. The development of a method for describing agency objectives and services was considered to be a first major step necessary to the measurement of agency performance and to the subsequent development of instruments which could quality control the system.

INFORMATION SYSTEMS

"It is my considered opinion, from long experience,
that our customers will continue to be reluctant to
use information systems-however well devised-
so long as one feature of our present intellectual
and engineering climate prevails. This feature-
and its prevalence is all too commonplace in many
companies-is that for many people it is more painful
and troublesome to have information than for
them not to have it."

Calvin N, Mooers

INFORMATION SYSTEMS

INTRODUCTION

Information is an obvious prerequisite to sound decision-making. If the employment system is to function effectively, individuals, operating at a variety of levels, must have the appropriate information with which to carry out their responsibilities.

A study of the manner in which an agency collects and uses information is often referred to as a study of their "information system". The data contained in an information system can be processed either manually or electronically, and data processing techniques can range in sophistication from simple tabulations to complex multivariate analyses. What is of paramount interest in the study of information systems, however, is what methods are used to process what types of data and what kinds of use are made of the subsequent information.

Four levels of agency personnel can be identified for which certain types of information are essential to efficient functioning. These levels are: the line worker, his supervisor, the agency administrator, and the community planner. Specific types of information can be identified which would assist all four levels, both in day-to-day operation, as well as in planning. Examples of the types of information needed for each level of personnel might include:

1. Information to Determine Client Objectives and Service Needs:

- A. Line Worker. The counselor must have information about his clients' needs in order to determine appropriate objectives and then to plan the services which will enable the clients to reach those objectives.
- B. Supervisor. The supervisor must have information about the clients' problems in order to decide whether objectives set and services provided were appropriate.
- C. Agency Administrator. The administrator must have information about the objectives set for, and service needs of, his agency's clients, not only to maintain quality, but also to match objectives and service outcomes in order to analyze the cost and effectiveness of the agency's services.
- D. Community Planner. One of the obvious elements necessary for community planning is information about the problems of the people being served and the capabilities of the system to provide services. This information can then be related to projections of the service needs of those entering the system, and those not currently being reached.

2. Information about Services Provided to Clients:

- A. Line Worker. If the client is to receive the most appropriate services, the counselor must have information about the services available, both in his own agency, and in other agencies.

- B. Supervisor. The supervisor must have information about the services actually being provided in order to determine whether the full resources of an agency are appropriately utilized by counselors.
- C. Agency Administrator. The administrator needs information concerning the kinds and amounts of services being used in order to make decisions in such areas as effective staff allocation.
- D. Community Planner. The planner must have information concerning the services presently being provided in order to match existing services with the pattern of service needs of the community to determine what modifications should be made to the total service network.

3. Information as to Outcomes of Services:

- A. Line Worker. One basic reason for making available to the counselor information concerning the outcome of services would be to enable him to determine whether his client has been satisfactorily served or whether additional services are needed.
- B. Supervisor. The supervisor must have information concerning the outcome of services to determine the adequacy of his counselors' techniques, as well as to maintain quality.
- C. Agency Administrator. Information concerning outcomes provides the administrator with a tool for determining the effectiveness of the services his agency is providing. By relating outcomes and services provided he can determine where modification might be needed in his agency's service system.
- D. Community Planner. The planner needs information concerning outcomes, and the cost of services provided to achieve them, in order to establish spending priorities which will make the best use of available funds.

When the range of information needs at the various levels of the employment system is considered, it becomes apparent that an information system which is responsive to these needs is a critical element in sound decision making. Moreover, if community or statewide planning is to take place, data produced by the various agencies in the system must be comparable.

We, therefore, determined that one phase of our research should be to study the relationship between agencies' information systems and the decision making which must take place at the various levels within each agency, as well as at the statewide level. (For the purposes of our study we considered an information system to be that complex of data and/or information which is routinely collected and available to personnel at various levels within the agency.)

In order to achieve our goal, a set of research objectives were formulated as follows:

- I. To provide the State Planning Agency with sufficient information with which to evaluate current agency information systems by:

- A. Describing the present capacity of information systems to facilitate agency decision-making.
 - B. Describing the strengths of agency information systems.
 - C. Describing the weaknesses of agency information systems.
 - D. Describing the modifications which are being planned by agencies.
 - E. Suggesting modifications which may not be a part of the future plans of the agencies, but which should be encouraged.
- II. To describe the present capability of agencies to provide comparable, useful information to planning bodies.
- III. To provide the State Planning Agency with an instrument for assessing agency information systems which could be used for future evaluation of all agencies within the employment system in Minnesota.

PROCEDURE

Many alternatives existed from which we could choose precisely what we should study about an agency's information system. These alternatives can be most easily understood in terms of the commonly accepted major components of an information system. These components are:

- I. Input or "What goes into the information system." What are the discrete items of data which are put into the information system of the agency?
- II. Processes or "What happens to the data."
 - A. How is the data collected?
 - B. Who collects the data?
 - C. How is the data organized or reorganized?
 - D. How is the information stored?
 - E. Who stores the information?
 - F. How is the information obtained from storage?
 - G. Who obtains the information from storage?
 - H. What are the activities which take place in organizing the information for reporting purposes?
- III. Output or "What is produced from the information system."
 - A. What reports are produced?
 - B. What is the organization of these reports?

C. Who receives these reports?

D. What is the informational content of these reports?

A study of all of the components would provide the comprehensive information necessary for statewide planning. However, as we had only three and one-half months within which to complete our research, the scope of our assessment had to be limited.

In order to provide a base upon which future research activities might be built, it seemed most logical to begin by studying the extent to which agencies use their information systems in day-to-day decision making. It also appeared essential that we attempt to determine the capabilities of individual agencies to provide comparable information for statewide planning purposes. In other words, we decided that initial focus should be placed on the "output" component of information systems.

So as to fulfill our objectives within the available time, we next determined to study only the four "primary" agencies within Minnesota's employment system. The agencies selected included:

1. Minnesota Division of Vocational Rehabilitation (DVR)
2. Minnesota State Employment Service (MSES)
3. Minnesota State Services for the Blind (SSB)
4. Veterans Administration - Vocational Counseling, Training, and Adjustment Unit - Fort Snelling, Minnesota (VA)

These agencies were chosen as they are the agencies which either provide or purchase the majority of services to assist clients to achieve the goal of employment. For convenience, the initials shown after the agency titles will be used in this section of the report.

The usual procedure for studying an agency's information system involves a lengthy period of time, during which an observer becomes familiar with the details of an agency's operations (who does what, when, and why). The time available for our study made it necessary that we use an instrument which would allow an unfamiliar observer to make a general assessment of an information system within a short period of time. An added complication was that the instrument to be used would have to be appropriate, not just for one agency, but for a variety of agencies offering different kinds of services directed toward different objectives.

The instrument would have to be specific enough to study a single agency, yet broad enough to allow for comparison between agencies.

A search throughout the country yielded no instrument which would meet our specifications. Consequently we had to undertake to develop such a tool in order to proceed with our research.

Four general levels of decision-making had been identified as: line worker, supervisor, agency administrator, and community planner. Our next step was to isolate general questions on each level which would logically have to be answered if the person on that level was to function effectively in his job, regardless of the particular agency involved. An example of such a question on the line worker level might be, "What's wrong with my client?" or "What services should be provided to my client?" Those on the supervisory level would need to answer such a question as, "How effective are the resources which we are using to help our clients?"

These general questions were then broken down into definable sub-questions which would have to be answered in order to answer the larger questions. For example, on the line worker level, the general question of, "What services should be provided to my client?" can be broken down into such sub-questions as: "What is the most appropriate vocational goal for my client?" - "Is training needed to enable my client to achieve this vocational goal?" - "What training is available for my client?"

Our next step was to isolate from the range of possible sub-questions on each level, those which were to be sampled in the agencies. Items were subsequently formulated and incorporated into a survey instrument so that we could determine what information is routinely provided to personnel in order to answer the questions. (A copy of the instrument used may be found in Appendix H, Pg. 137.)

The following explanations will give the reader an idea of the rationale behind the selection of the particular questions for each level.

1. Line Worker. We selected the question, "What vocational training courses are available?" and sought to determine what information agencies routinely provide to their line workers concerning vocational training courses available to clients; and how agencies provide that information. Three primary reasons lay behind this choice:
 - A. This is one area in which certain specific information is needed if the line worker is to make an appropriate decision as to the services to be provided to the client.
 - B. It is acknowledged that in most agencies there is more for line personnel to do than there is time to do it. Information concerning training facilities and programs could reduce the amount of time each line worker must use in seeking answers to questions concerning individual cases. It seemed reasonable, therefore, that agencies should routinely provide such information.
 - C. As line workers gain in experience in an agency, they begin to accumulate a fund of knowledge about the specific courses which are available to clients. Unfortunately, most agencies in the employment system have a high turnover rate among these employees. Therefore, agencies ought to routinely provide this kind of information in order to avoid expensive and time consuming errors in service which may result until new workers gain in experience.

2. Supervisor. The survey questions formulated for this level related to information used in evaluating the effectiveness of counselors, and of training facilities used by the agency. It was felt that these were among the issues of greatest concern at this level. Further, information generated in these areas would be of significance to agency administrators concerned with the extent to which the agency's objectives are being achieved, and to community planners concerned with how effectively the various agencies are meeting the overall needs of the community.
3. Agency Administrator. With the survey questions formulated for this level, we sought to determine: (1) What elements an agency uses in calculating its costs, and (2) How those costs are available. We chose this general area as agency costs must be known so that funding can be obtained or fee schedules set, and so that decisions can be made as to how many clients can be served with a given amount of money.
4. Community Planner. At this level, we decided to focus on the question of "Who is being served." In order to do this, and to determine whether agencies could provide comparable and useful information for planning purposes, we asked each agency to describe how they could report information about a sample of 10 items which included: (1) Age, (2) Sex, (3) Race, (4) Marital Status, (5) Number of Dependents, (6) Education, (7) Source of Referral, (8) Source of Support, (9) Contact with other agencies prior to intake, and (10) Reason why not working. (An added specification here was that the agency report be based on that information which it could readily provide, concerning all clients, without making a time consuming study of individual case files.) Planners would need to know who is being served, in part, because such information would facilitate the development of projections as to the needs of those who are not being served. Such information would be essential in order to make decisions concerning the adequacy of existing resources to meet community needs, or to plan modifications of the total employment system to meet those needs.

In order to provide some framework which agencies could use as a starting point for answering the survey questions and to provide a model by which to integrate the information gathered, we defined some of the possible ways in which an agency's information system could be used to answer each of the questions. For example, at the Line Worker level, we asked a question concerning what information is routinely made available about a particular training course or facility. Suggested possibilities of information included: cost of course, length of course, starting dates, and residential or non-residential setting. Such possible responses were included in the survey instrument, for each question on the Line Worker, Supervisor, and Agency Administrator levels. These may be reviewed in Appendix H, pg . 137.

Once developed the survey instrument was sent to the administrator of each agency included in the study, along with a cover letter explaining the nature and purpose of the study. Each administrator was asked to select those persons in his agency who would be able to answer each of the questions. Arrangements were made to interview these individuals. At a point approximately midway between the date when interview arrangements were made and the date when the interview was to take place, each person was contacted by

telephone so that any questions concerning the survey items could be answered and misinterpretations held to the minimum.

LIMITATIONS

Certain limitations affecting the results of this research should be recognized.

1. All agencies in the State could not be surveyed. The general level of agency information systems in Minnesota could, therefore, differ from the levels of the four "primary" agencies studied.
2. We did not study the information available to make all decisions. Hence, within the agencies studied, information provided to make decisions in other areas could be either more or less complete.
3. The person interviewed may not have been aware of information which the agency actually does make available.

RESULTS

In this section, data gathered through the use of the survey instrument will be reported. Results will be presented separately for each of the four personnel levels studied. A general summary of all responses is presented for each item, followed where appropriate by individual agency's responses.

I. Line Worker Level

Persons on this level of decision-making included vocational counselors, vocational rehabilitation specialists, and individuals in similar capacities.

SURVEY QUESTIONS

1. How do you make available to your line workers information about the vocational training courses which can be purchased by your agency and those courses which could be made available to your client through other community agencies?
2. What information do you routinely make available about a particular training facility?

RESPONSES

1. How information about training is made available.

The four agencies studied all use similar methods to make training information available. These methods include: in-service training, manuals, school catalogues, directories, tours, and routing of administrative memo's and newsletters from facilities. None of the agencies uses the computer capability. Each agency collects its own information with sharing of information between agencies being practically non-existent.

2. What information is routinely made available.

All of the agencies studied make available to their own personnel information provided by the training facilities. None of the agencies have developed a model of information needed by line personnel so that this information can be requested from the training facilities. As will be shown, the information which is thus made available tends to vary more with the information which training facilities wish to provide than with the information which line workers need to make their decisions.

The following table shows whether each agency routinely makes available to its line workers a specific item of information about a training course or facility.

TABLE 7

Information Routinely Available About Training Courses Which
the Agency Can Provide or Purchase

Item of Information	DVR	MSES	SSB	VA
Name of Course	YES	YES	YES	YES
Location (address)	YES	YES	YES	YES
Cost	YES	N/A	YES	NO
Starting Date	YES	YES	YES	YES
Length of Course	YES	YES	YES	YES
Eligibility Requirements (high school graduate, etc.)	YES	YES	YES	YES
Physical Accessibility (ramps, elevators, etc.)	YES	NO	NO	NO
Teaching Techniques (oral, written, demonstration, tutorial, group, etc.)	NO	YES	NO	NO
Residential vs. Non-residential	YES	YES	NO	NO

It is the policy of the MSES to inform their line workers that an agency with which the MSES has a cooperative agreement (such as DVR) can purchase training, but no information is provided concerning the courses which might be purchased by that agency. Consequently, none of the items in the table would be available to line workers in the MSES in terms of training available through other agencies. This seems unfortunate in view of the relatively limited kinds of

training which the MSES can purchase directly. (MSES indicated that they planned within the next few months to try to set up a meeting with representatives of other community agencies to plan more effective techniques of making information, about training available to line workers.)

INFORMATION GAPS

1. Physical Accessibility - Three of the four agencies do not routinely provide this information, yet each of the three send to training those who are severely physically disabled. Since this information is not routinely available, it is left to the line worker to contract the training facility before he can proceed in planning with some clients.
2. Teaching Techniques - The three agencies which do not routinely make this information, available work with clients with visual impairments, hearing impairments, and learning problems. It would seem that the frequency with which information about the method of teaching is needed for planning would indicate that it should be routinely available to line workers.
3. Residential vs. Non-residential - Two agencies do not routinely provide this information. It is often important for case planning to know whether the client will be living in the training institution or not. If he will not be living in the training facility, it is important to know if help is available to the client in finding a place to live near the training facility.

In their "Directory of Training Facilities," DVR provides a section called "Guidelines" relative to each facility. In this section, unique information about a facility which has been accumulated over the years is provided to line workers. For instance, it would be noted in this section that a particular facility will not accept the mentally ill. Although a cursory examination indicated that the "guidelines" sections should be updated more frequently than it is, the idea seems to be a rather effective technique for systematically giving the benefit of experience to new line workers.

II. Supervisor Level

Persons at this level would include counseling supervisors, facilities consultants, and individuals in similar capacities.

SURVEY QUESTIONS

1. What information do you use in evaluating the effectiveness of a training facility you are using?
2. What information do you use in evaluating the effectiveness of your own individual counselors?

Sub Questions

- A. How do you categorize the activities engaged in by your agency's service staff?
- B. How do you categorize the outcomes of your service?

- C. What categories does your agency use in describing the problems of clients when they begin your services?
- D. What categories does your agency use to describe the services you provide or arrange for?

RESPONSES

1. Evaluating the effectiveness of training facilities used by the agency.

The majority of agencies see the techniques which presently exist to evaluate the effectiveness of training facilities as rather weak. The central problem seems to be that the field has not yet developed a model by which one can systematically evaluate the element of "goodness." The most frequently used technique of agencies is "numbers of cases," most commonly, the number who are placed in a training-related job after training. If the client does not obtain a training-related job, however, it would be extremely difficult to systematically determine whether the reason might have been that the selected training objective was inappropriate. . . or that sufficient help was not given the client in trying to secure the job... or that the client decided he no longer wanted training.

DVR-Uses "number of cases" technique, as well as starting salary of clients following training. DVR line workers cannot refer a client to a course or facility which has not been licensed with the Secretary of State. The requirements to obtain such a license, however, are rather minimal. This basically acts as a technique which can keep a client out of a totally inadequate facility. In addition, DVR can obtain some information from the Department of Education where there is a particular administrative or teaching problem in a course or facility.

None of this, however, enables DVR to evaluate effectiveness once the client gets into the course or facility. DVR expressed concern for what they consider to be inadequate methods presently available to do evaluation of effectiveness. They plan to begin studying the characteristics of clients as they relate to training outcome in an effort to supplement available techniques.

MSES-Uses some elements of three of the four techniques. In MDTA programs the responsibility for evaluating effectiveness of training facilities belongs to the Department of Education. For the Job Corps, Title V, etc. the responsibility belongs to the MSES. Techniques used include:

1. Numbers of Cases - Number who leave course before completion, Number placed in training-related occupations, etc.
2. Questionnaires - Periodically sent to those who had been in training.
3. Ratios - Training length of stay to starting salary after training.

SSB-Monthly client progress reports are required from training facilities before the facility can be paid. This technique would indicate what

the client is doing but would not be particularly helpful in indicating training facility effectiveness unless the information could be systematically related to some expectancy of progress.

The individual S3B line workers and a full-time Facilities Consultant make some judgments about the effectiveness of training facilities which are based on an extensive set of standards developed by the Commission on Standards and Accreditation of Services for the Blind. The standards relate to such areas as fiscal procedures, qualifications of personnel and services. The primary advantage of these standards is that they isolate for supervisors the things which should be looked for in evaluating effectiveness of a facility (mobility training should involve teaching the client good posture). A present weakness of the standards is that they do not always specify the elements in such a manner that the supervisor can objectively determine whether or not the standard has been achieved (the standards do not specify the characteristics of good posture).

Therefore, although the standards specify areas in which quality is to be achieved, they do not define quality to the extent that the effectiveness decision can be made on an objective basis.

Personnel of SSB periodically meet with a committee comprised of representatives of various categories of the blind. One purpose of these meetings is to obtain client feedback on the services provided. As part of this general program evaluation, information about client reaction to training courses or facilities is sought.

In addition to the above, SSB uses a "numbers of cases" technique for evaluating the effectiveness of a training facility (e.g., number who complete a course, number who obtain a training-related job).

VA-The agency primarily uses the "numbers of cases" technique (e.g., the number of clients who reach the goal of appropriate employment following training). In the majority of schools dealt with, the premise is made that effective services will be provided by that facility. With two categories of cases they serve - G.I. Bill and Orphans - the VA has no role with the training facility after the client has entered the training. The State Department of Education is under contract to the VA to approve courses for the G.I. Bill. The criteria used for approval by the Department of Education are used as guidelines by the VA in sending "vocational rehabilitation" clients to training. These guidelines, for instance, say that quality will be consistent." The guidelines do not, however, tell how to determine what quality is.

2. Evaluating the effectiveness of the agency's counselors.

The chief difficulty which agencies encounter in attempting to evaluate the effectiveness of their counselors is that the present delineation of what counselors are supposed to be doing does not lend itself to making the effectiveness decision on the basis of objective information alone. Agencies can presently identify the quantity of counselor production. They cannot now objectively measure the quality of that production.

DVR-1. Numbers of cases - does the counselor meet the agency's expectation in terms of the number of his cases later "closed rehabilitated"?

2. Ratings - Periodic performance evaluations of all counselors are made using a rating form. The counselor is rated on the degree to which his performance meets agency standards for performance of a specified group of tasks. The agency standards are a combination of what the agency defines as desirable; quantity; and professional standards.

The degree to which the counselor meets certain of these standards can be very objectively measured; "Initial analysis of referral to either accept or reject case completed within two weeks after received by counselor." Conformity to other standards must be measured on a more subjective basis; "Recognizes clients' needs and selects proper types and sources of service." When no model exists for all supervisors to uniformly evaluate whether a counselor "recognizes client needs" or selects "proper" services, it is likely that different supervisors will use different information in making their decision - and perhaps arrive at a different conclusion. A problem which DVR noted in using this rating system was that there was no way in which to summarize the ratings in terms of a group of counselors.

3. Questionnaire - These are not presently being used to provide information in evaluating counselor effectiveness. DVR has a contract with the University of Minnesota Industrial Relations Center to determine what DVR clients do, from an employment standpoint, after closure. If this technique is developed, it could aid in the evaluation of counselor effectiveness.
4. Ratio - Not presently used in the Minnesota DVR. The Oklahoma DVR agency is trying to develop such a technique.

MSES-1. Numbers of Cases - Number of initial counseling interviews and the number of "subsequent" counseling interviews per counselor.

2. Ratings - Periodic sampling of records to determine, for instance, if follow up services were provided or, whether various forms were correctly completed. Occasionally, clients are contacted to provide information to assist the supervisor in evaluating the counselor's effectiveness. Audio taping of counselor/client interview's is also done where possible and used in evaluating effectiveness. In addition, both state office and local supervisory staff meet with individual counselors in evaluations. As with DVR, the difficulty with these techniques is that the further the evaluation gets from more routinized administrative processing functions of the counselor, the more difficult it becomes to use objective information alone in arriving at the decision of effectiveness.

SSB-A rather sophisticated system is used to assist in evaluating the effectiveness of counselors. The agency has listed the items of information which they feel counselors must have in working with cases in particular statuses. The counselor then feeds into the agency's information system whether or not he has collected the needed information. A monthly computer print-out of the cases in each status indicates both to the counselor and his supervisor whether or not the information has been obtained for each of the counselor's cases. The number of the counselor's cases which are in each status is related to the agency average. A case review procedure is also used whereby the counselor and supervisor predetermine the frequency with which the case will be reviewed and the case is reviewed following that schedule. Counselors are rated, not only on the number of closures but on the expected movement of their cases through statuses. A point system is used whereby a counselor receives a certain number of points for completion of a particular activity such as writing the service plan. Expectancies have been established as to the number of points necessary for promotion. Allowances are made for such things as the geographic area covered by the counselor. The agency indicates, however, that the use of their information system is limited in allowing the supervisor to objectively evaluate the effectiveness of a given counselor's service to a given client.

VA - The effectiveness of counselors is evaluated on two "planes" - effectiveness of production and effectiveness in the process of counseling.

1. Production - A "standard man-hours concept" is used to measure the amount of production. The agency's research has found that it typically takes a certain amount of time to complete a certain action. The amount of time the counselor actually took to complete the action is then related to this expectancy.
2. Counseling service - The basic criterion of counseling effectiveness is the progress made by the client in the course of counseling toward the solution of his problems." The quality requirements consist of statements of desirable counseling practice which agency experience indicates are likely to be effective in achieving these outcomes. Supervisors then perform a "quality review" on a random selection of case actions. Some of the elements which are defined by the VA can be judged by a supervisor on the basis of objective information. "Scores tests in accordance with appropriate test manual instructions and properly records test results, identifying norms used." The effectiveness with which other elements are carried out is more difficult to objectively judge. "Helps counselee to develop realistic expectations regarding the counseling function and defines cooperatively with him the goals toward which counseling will be directed."

At this point in time, the information generated from each agency's information system does not particularly lend itself to helping supervisors make objective decisions about the effectiveness of services.

This problem is also important at the agency administrator level because of the difficulty in relating costs to differential program effectiveness. In the future, attempts should be made (as is being done by the SSB) to begin to specify client objectives, services, and outcomes in such a way that they can be logically related in order to more objectively determine effectiveness.

Sub Questions

A. How the activities of the agency's service staff are categorized.

DVR--Certain kinds of summary information would be available in the case file, however, the content of the summaries would vary, to an extent, with individual counselors and would thus not be systematically available. The amount of staff activity is not collected and processed. A rough indication of staff input could be obtained from status changes of clients as there are expectancies as to the amount of time a client should spend in some categories. In general, however, the agency's information system does not now allow for determining differential staff input to clients.

MSES--The agency categorizes staff input on the basis of:

1. Contacts--Number of initial counseling contacts, number of subsequent counseling contacts.
2. Activities--Number of employer contacts, number of job referrals, etc.
3. Programs--Number of screenings for MDTA (Manpower Development and Training Act) programs, etc. Although the information is available in the basic client records, the MSES does not now report, for all clients, the differential staff input. Within one to two years the MSES expects to have operational a reporting system which will provide this information for all clients.

SSB--A yearly time survey is carried out for every staff person on the basis of time spent in different activities such as time spent with clients, dictation time, time using the telephone, and time spent with collateral contacts.

SSB does not, however, process differential amounts of input with clients.

VA --The VA can categorize staff input on the basis of:

1. The standard man-hours concept (see the VA section of Question 2).
2. The types of completion of cases.
3. The disability rating of the client (e.g., 100% permanently and totally disabled).

B. How the agencies categorize outcomes of their services.

DVR--The basic categorization of outcomes is made in terms of the goal of employment. Three outcome categories are used.

1. Closed from referred status--not handicapped, not eligible, not feasible, not interested, and not available by reason of having moved, died, or been institutionalized.

2. Closed Rehabilitated-employed.
3. Closed Not Rehabilitated-either before or after the rehabilitation plan was formulated.

In addition, DVR categorizes the quality of outcome from the counselor's perspective. The counselor must indicate whether or not the client has benefited from DVR services in five parameters:

1. Improvement in communication
2. Financial improvement
3. Personal adjustment improvement
4. Physical adaptation improvement
5. Improvement in education

MSES-Although special outcome categories are used for particular kinds of programs, e.g., "training completed" in MDTA programs, the outcome category which is used in reporting for all clients is the number placed in employment. The MSES tends for its regular clients to categorize more on the basis of activities than outcomes.

SSB - The same 3 basic outcome categories are used as in DVR: Closed from referred status, Closed rehabilitated. As in DVR, the SSB counselor must indicate whether or not the client has benefited from SSB services on the same five parameters. In addition, three major areas are identified in which outcome is achieved: employment, education, and independent living. The agency is attempting to identify quality of outcome through a variety of special studies, which for example, relate case outcomes to types of clients and types of problems.

VA ---The primary outcome category used by the Vocational Counseling, Training, and Adjustment Unit is employment. For those who do not obtain employment and are "not rehabilitated", the categorization of case outcome is:

1. Unmotivated-until application for services is made.
2. No Response-client who fails to respond to an appointment making letter.
3. Suspended-client who has reported to the agency but did not choose an occupational goal.
4. Certificate Case-counseling with the case has been completed to the point where the client's training objective is approved.
5. Declined Case-a client classified as a Certificate Case who decides not to enter training.
6. Interrupted-client temporarily drops out of training.
7. Discontinued-client permanently drops out of training.

C. How the agencies categorize the problems of the people who begin services.

DVR-Psychiatric ("schizophrenia"), medical ("cardiac disease"), and social ("broken home") categorizations are used in determining eligibility for services and as factors in establishing appropriate client goals.

New counselors are being taught to identify problems on the basis of certain critical vocational behaviors. The categories used are:

1. Problems in establishing an appropriate job objective - client has no job objective, or the job objective is inappropriate.
2. Problems in job-seeking skills - doesn't look for work often enough, can't explain skills to an employer, poor personal appearance.
3. Problems in job-retention skills - excessive tardiness or absenteeism, poor quality or quantity of production, can't get along with supervisor or co-workers.

The problems of the client are then indicated on a Vocational Diagnosis form. At this time, however, DVR does not process this form.

MSES-The categorization used by the MSES includes: Handicapped, veteran, minority group member, disadvantaged, older worker. The MDTA program uses: educationally deficient, inmate of correctional institution, long-term unemployed, poverty level, prison releasee, disadvantaged youth, selective service rejectee. The MDTA categories are not used in the total MSES operation. The categories used by the MSES describe the characteristics of the people they serve, not the problems. One of the potential difficulties in the reporting system which the MSES expects to have operational in one or two years is that the problems of clients or "barriers to employment" may not be suitable for easy linkage to services later provided.

SSB-A medical model is basically used in determining eligibility. Independent living skills are also considered. An employment model is used for those categories of cases served where there is a vocational potential. The three basic categorizations of problems used by SSB are:

1. Employment problems.
2. Leisure time problems.
3. Family functioning problems.

VA--The Vocational Counseling, Training and Adjustment Unit of the VA does not categorize the problems of clients when they begin the Unit's services. On a line worker level, the decision would obviously have to be made concerning the problems of the client. However, because this information is not processed, those on the supervisory and administrative levels would be unable to systematically determine, for instance, the number of clients who have certain problems, or whether the problems of the people being served are changing.

D. Categories used to describe services provided or arranged for.

DVR-Nine major categories with 50 sub-categories are used to describe services. The 9 categories are: Maintenance and transportation; training; diagnostic; prosthetic appliances and aids; tools, equipment, and licenses; surgical and medical; hospital and convalescent; training allowance; other.

Three additional categories used by the agency are: counseling, placement, and follow up.

MSES-Services are categorized by:

1. Discipline - (counseling).
2. Objectives or services - (placement, testing, application taken, employer visits, promotional telephone contacts, referrals to training, job referrals).
3. Who service was provided to, or through what program - (Veteran, handicapped, MDTA, Smaller Communities program).

SSB-Services are categorized on the basis of:

1. Counseling and guidance.
2. Physical Restoration.
3. Placement.
4. Training.

The SSB categorizes 57 training and treatment resources by the name of the facility. The agency uses 9 program categories: Comprehensive diagnostic evaluation, adjustment services, physical restoration, vocational evaluation, transitional training, extended employment, supervised residence, academic training, and vocational training.

The SSB is trying to specify the client objectives, services, and outcomes of services in such a way that they can be logically related to indicate effectiveness. They do not think they will achieve this capability for several years.

VA --The Vocational Counseling, Training and Adjustment Unit uses a discipline or profession categorization, (vocational counseling, educational counseling, personal adjustment counseling). Other categories are: financial assistance to clients in training; purchase of tuition, tools, equipment and supplies. The agency does not categorize and process referrals made to other rehabilitation settings such as DVR and MSES. As a consequence, those on the supervisory or administrator level would not be able to systematically obtain information as to the nature or amount of assistance which some other community resources are providing to the VA's clients.

III Agency Administrator Level

Persons on this level would include commissioners of state agencies, directors of agencies, and individuals in similar capacities.

SURVEY QUESTIONS

1. What are the elements which your agency uses in calculating its costs?
2. How are the costs available?

RESPONSES

None of the administrators in the agencies studied are capable of finding out how much it costs to serve a given client. This makes their capability to relate costs to effectiveness very limited. Agencies can rather precisely measure their general programmatic costs. However, the agencies studied have not yet defined their goals in such a manner as to allow for the measurement of progress toward achieving those goals. Such definition of goals would be essential if cost and effectiveness are to be related.

In addition, elements of costs are categorized differently by the various agencies studied, and certain costs are frequently excluded in reporting. It would, therefore, be virtually impossible for a planning body to accurately compare the actual cost of providing the same services in each of the agencies.

1. Elements used in calculating costs.

All of the agencies studied use the same elements (salaries, equipment, travel, etc.) in calculating their costs. Differences exist, however, in the way in which the agencies categorize the various elements.

DVR-Elements of costs are classified into three major categories:

1. Administrative Costs - state office salaries, maintenance, etc.
2. Guidance and Placement - all direct costs in a District Office: equipment, supplies, salaries, etc.
3. Case Service Moneys - funds to purchase client services outside the agency, pay client allowances, purchase tools, etc.

MSES-Elements of cost are classified into four major categories.

1. Employ ability Development
2. Employer Relations and Placement
3. Manpower and Employment Information
4. Administrative and Technical Support

The MSES is using a "Program Budget Management System" (PBMS) in which all costs are related to specific programs or activities. This is in contrast to the usual "line item budgeting" approach used in most other state agencies. The PBMS, as used by the MSES, includes a four year time span where actual costs and projections of costs are calculated for activities in the last fiscal year; the present fiscal year; the next fiscal year, and the next fiscal year + 1. Each MSES office must indicate the workload or hours which they project to spend in each MSES activity (e.g., outreach activities within the general category of "Employ ability Development"). These workload and/or hour projections are then translated into positional equivalents. The chief advantage of the PBMS approach, as used by the MSES, is that it requires considerable planning at the local level and requires specification of local needs. Thus, the budget projections which are made by the MSES state administrative office are based on much more information than agency administrators typically have at their disposal. The disadvantage of the PBMS, as used by the MSES, is that the agency administrator cannot now relate the effort to the quality of the programs.

SSB--The categorization of elements of cost is comparable to that used by DVR.

VA--The categorization of elements of cost provided by the Vocational Counseling, Training and Adjustment Unit is:

1. Salary costs - salaries for line, clerical, administrative staff, fringe benefits, etc.
2. Non-salary costs - equipment and supplies, building costs, etc.
3. Payment to beneficiaries - travel and maintenance allowances, training allowances, etc.
- 4.. Tuition, books, and supplies purchased or paid for. 5. Contract purchase of education-vocational counseling services for orphans and G.I.'s in four Minnesota college settings.

2. How costs are available.

This information was collected to determine how agencies actually report their costs and their alternate capacities for cost reporting. The basic dimensions for cost reporting are:

1. Aggregate costs - total agency cost divided by the total number served.
2. Costs for groups or categories of cases - total cost for a certain group of cases, e.g., cost of a special project, cost for a particular office, cost of those rehabilitated.
3. Costs of certain services - total cost of a service, e.g., cost of services purchased outside of the agency, cost of allowances for clients, cost of training purchased outside of the agency.
4. Costs for individual clients - cost of serving a specific client based on the amount of services he received (as opposed to an average cost).

DVR

1. Aggregate Cost - DVR uses aggregate cost now in federal reporting. The cost of grants and aids to other agencies are excluded from the calculation.
2. Costs for Groups of Cases - Reporting now typically uses case service expenditures only (costs of purchased services). DVR can include Guidance and Placement costs when reporting by office. Administrative costs or research and planning costs are not included. Some federal reports include the other costs for "closed rehabilitated" clients.
3. Costs of Certain Services - Can report for any service purchased by DVR. For a service directly provided by DVR, they could only report the total cost paid, e.g., medical consultant-could calculate the total amount paid to the consultant(s).
4. Costa for Individual Clients - Can report the cost of purchased services only. DVR is not now capable of ascertaining the total cost of serving an individual client as they do not calculate the amount of service input to an individual.

DVR is planning to develop its capability in this area. Within about a year the capability should be present to break all elements of cost down. Following that, methods of breaking down service input will be

developed. Once this has been accomplished, DVR will have the capability to report the costs for individual clients.

MSES

1. Aggregate Costs - MSES can report aggregate costs using all elements of costs in the calculation.
2. Costs for Certain Groups of Cases - MSES can report costs for special projects, for those trained, and for particular offices.
3. Costs of Certain Services - MSES does report in this fashion.
4. Costs for Individual Clients - MSES does not now have the capability to determine the total cost of serving an individual client as they do not calculate the amount of service input to an individual. It is possible that the Employment Security Automated Recording System (ESARS) which is expected to be operational within one to two years, will provide the capability to report service input to individual clients.

SSB

1. Aggregate Costs - SSB reports aggregate costs using all elements of cost in the calculation.
2. Costs for Groups of Cases - SSB does not presently report costs in this fashion, but has the capability to do so.
3. Cost of Certain Services - SSB does report cost in this fashion.
4. Costs for Individual Clients - SSB does not now have the capability to determine the total cost of serving an individual client as they do not know the amounts of services provided to individuals.

VA

1. Aggregate Costs - Costs are not presently reported in this fashion although the capability is there.
2. Costs for Groups of Cases - The Unit does not report costs in this fashion although the capability is there.
3. Costs of Certain Services - Although not usually reported, the Unit does have the capability of obtaining certain service costs (such as the total cost of evaluation services). The cost of counseling services is reported.
4. Costs for Individual Clients - The Unit does not have the capability to determine the total cost of serving an individual client as they do not calculate the amount of service input to an individual.

IV. Community Planner Level

This level of decision making would include personnel of the State Planning Agency, Community Health and Welfare Council, and other similar bodies.

SURVEY QUESTION

If requested by a community planning body, could you periodically provide the following information based on all persons who receive your services: (A) Age, (B) Sex, (C) Race, (D) Marital Status, (E) Number of Dependents, (F) Education, (G) Source of Referral, (H) Source of Support, (I) Other agency contacts of the client made prior to your intake, (J) Reason why person is not working. In your reporting, how would you categorize this information?

RESPONSES

In only two of the ten sampled items was the capability found in the four agencies to comparably report information about all clients. The two areas in which information would be available are "Sex" and "Age" (if reported in categories - under 22, 22-4-4, 4-5-6.4, 65 and over).

A. Age

If a planning body wanted to know the age breakdown of all those served by the four agencies, they could obtain this information only for the ranges - under 22, 22-44-, 4-5-64., 65 and over. It would not be possible to determine the total number served of a particular age.

DVR - Actual age is collected and processed. Any categorization of age could be reported.

MSES-Actual age is collected. However, age is processed into the information system as, under 22, 22-44., 4-5-64-, 65 and over, and total. It could be reported within these categories.

SSB - Same as DVR.

VA-- Same as DVR.

B. Sex

All agencies collect this information and would be capable of providing it in comparable fashion to a planning body.

C. Race

A planning body could not determine the total number of clients being served in any racial group.

DVR - Race is not currently collected, and DVR is not capable of providing the information. Discussions are in process to change this policy. The categorization which would be used if race is collected would be "White, Negro, Indian, Other, Not Reported, Not Known."

MSES-Race is collected in accordance with a special release from the Commissioner of the Department of Human Rights, could be available as: total, total non-white, broken down into Negro, Indian, Spanish surname. Subtracting "Total non-white" from "Total" leaves "White". Subtracting Negro, Indian and Spanish surname from "Total non-white" leaves "Other."

VA --Race is not routinely collected from clients, and the agency is not capable of providing the information.

D. Marital Status

A planning body would not be able to obtain a breakdown of the marital status of those served by the four agencies.

DVR-Marital status is not collected until official acceptance of the client. This means that, as of the latest figures available, marital status would not be available for approximately one-third of those cases seen by DVR. In the other two-thirds of the cases, marital status is processed and available as: "Married, Widowed, Divorced, Separated, Never Married, Not Known."

MSES-Routinely collected from clients but not processed. Not capable of providing the information.

SSB-Marital status is collected, processed, and available as "Married, Widowed, Divorced, Separated, Never Married."

VA - The information is not collected for those served as "orphans". The proportion of orphans who would be other than single is estimated to be less than 1%. Marital status is processed only as it relates to benefit payments and is combined in the coding system with number of dependents by using approximately 35 categories. It would not be possible, in this categorization system, to determine the number who are presently, or have been, divorced.

E. Number of Dependents

A planning body could not obtain an accurate breakdown of the number of dependents of those being served.

DVR-This information is as in D above, not collected for about one-third of the cases. In the other two-thirds of the cases, the actual number of dependents is processed and would be available in any categorization desired.

MSES-This is routinely collected from clients but not processed. Therefore, it cannot be provided.

SSB-As in C above, not collected on an estimated 50% of those seen. In the other 50% of the cases, the actual number of dependents is processed and would be available in any categorization desired.

VA - See D above.

F. Education

Because education is being collected and processed differently, or not at all, in the agencies, comparable and complete information could not be obtained.

DVR-As in D and E above, not collected for about one-third of the cases. In the other two-thirds of the cases, the highest grade completed is collected, processed, and available in any categorization desired. In the same two-thirds of the cases, DVR also collects information about whether the client is a student at the time he is receiving services. The categories are "non-student, attends regular classes, attends special classes, not known."

MSES-Education is routinely collected from clients but not processed for all clients. Not capable of providing the information.

SSB-Collected, processed and available for the highest grade attended (not the same as highest grade completed).

VA - Collected, processed, and available for the highest grade completed.

G. Source of Referral

Two agencies make this information available in the same manner, while two do not collect it at all.

DVR-Collected, processed and available for all clients. Fourteen major categories with 60 sub-categories (same categories as SSB) are used. DVR also has the capability, when necessary, to register the same client as having been referred by up to three sources: e.g., first referral source; second referral source; third referral source.

MSES-Not routinely collected from clients. Information is not available.

SSB-Collected, processed and available for all clients using the same 14 major categories with 60 sub-categories as DVR.

VA - Not routinely collected from clients. Information is not available.

H. Source of Support

A planning body could not obtain such information as the total number of clients receiving welfare assistance when services were initiated.

DVR-As in D, E, and F above, not collected for about one-third of the clients. In the other two-thirds of the cases, source of support is reported using 14 categories. The first 13 categories are the same as those used by SSB. DVR, however, has added a 14th, VA benefits.

MSES-Not routinely collected from clients. Information not available.

SSB-As in C and E above, not collected for an estimated 50% of those seen. In the other 50% of the cases, source of support is processed and available using 13 categories. With the exception of the category "VA Benefits" which is not used by SSB, the categories are the same as those used by DVR.

VA - Not routinely collected from clients. Information is not available.

I. Client contacts with other agencies made prior to your intake.

A planning body would not be able to determine what agencies had been involved with particular categories of clients.

DVR--Not routinely collected and not now available. A plan, in the drafting stage, would allow for the collection of information concerning up to two such "other agency contacts" and the type of services received.

MSES--Not routinely collected from clients. Information is not available.

SSB--Not routinely collected from clients. Information is not available.

VA - Not routinely collected from clients. Information is not available.

J. Reason why the client is not working.

This information would not be available, in categories, for any of the four agencies studied. Since one objective which the four agencies have in common is to help unemployed people go to work, it is surprising that none of them could describe *why* their clients were not working at the time the plan for services was defined. Knowing precisely what problem you are trying to resolve with services is probably the most crucial step toward later being capable of evaluating the effectiveness of your services. This is not to infer that individual line workers are not considering why the client is not working. It does mean, however, that the agencies have no way of operationally defining the purpose for the services provided.

INTERPRETATION

There are two general kinds of problems which seem to prevail in the information systems in the four agencies studied. It is important that these problems be pointed out now so that agencies can be encouraged, both individually, and in concert, to develop their capabilities in using their information systems in decision making.

1. Much information, which the agencies have the capability to generate, is not being used. The body of this report documented many instances, particularly at the line worker level and the community planner level, where agencies are not processing and reporting information which is readily available and could definitely be useful in decision making. Agencies could, for example, be providing line workers with information about the physical accessibility and teaching techniques of training facilities or courses. Agencies could be processing and reporting information about the reason why the clients are not working.

It is recommended that the agencies be encouraged to allocate the manpower resources necessary, first to determine the crucial information which is needed for decision making at the various levels, and second, to build into their information systems the capability to generate that information.

2. The technology of the field does not permit the agency to generate needed information. The body of this report also noted instances where techniques have not yet been developed to enable supervisors and administrators to make decisions about effectiveness on an objective basis. The field has developed techniques to measure quantity on an objective

basis. However, the elements of what we are doing in rehabilitation have not yet been defined to the extent necessary to measure the degree to which quality is being achieved.

SUMMARY

In this phase of our research we sought to gather data concerning the information systems of the four agencies in Minnesota which either provide or purchase the majority of services leading toward the goal of employment. It was our intent that this data make possible an evaluation of the current capabilities of these information systems to produce comparable and useful information both for day-to-day decision making, and for planning.

A survey instrument was developed and interview techniques utilized in order to gather data from the four agencies studied. The time limit placed on the study made it impossible to do a comprehensive evaluation of the information system involved, so that primary focus was placed on the "Output" component.

Four levels of functioning were identified as: line worker, supervisor, agency administrator, and community planner. Our research was then designed to determine whether certain types of information are routinely made available to facilitate decision making at each of these levels.

Findings indicate that the capability of the four agencies studied to produce complete and comparable data concerning the clients they serve is extremely limited. This appears to be due, in part, to two factors: (1) much information which is readily available is not processed and reported, and (2) agencies use different methods of categorizing the information which they do make available.

In addition, agency personnel do not have at their disposal complete information with which to either carry out their daily responsibilities with maximum effectiveness, or to evaluate the effectiveness of the services being provided.

Initial steps necessary if such information is to be provided would include:

1. A determination of that information which is needed for decision making at the various agency levels so that the capability to generate such information can be built into the information systems.
2. The development of techniques to measure the quality of services provided by the employment system, on an objective basis. This would require clear definition of the objectives to be achieved, in terms which would make measurement possible.

APPENDIX A

COMMUNITY SURVEYS - RESPONDENTS

NAME	TITLE	AGENCY OR FIRM	CITY
Thomas Gemuenden	Director	Title V	Duluth
Sigrid Geurgesen	Principal	Jefferson High School	Duluth
Paul Gislason	Orthopedic Surgeon		Mankato
Warren Green	Counselor	Div. of Voc. Rehab.	Crookston
Dave Griggs	Director	Ability Bldg. Center	Rochester
B. P. Grimes	Hospital Admin.		Mankato
Robert Grosby	Shop Manager	Jewish Voc. Workshop	
Martha Hanft	Counselor	State Serv. for Blind	Rochester
Robert Hanson	Assoc. Academic Dean	Moorhead College	Moorhead
Valoris Hanson	Counselor	Div. of Voc. Rehab.	Minneapolis
Mervin Healy	Director	Opportunity Workshop	Minneapolis
Melvin Heckt	Attorney		Minneapolis
Ronald Heimerl	Director	DVR	St. Paul
Emil Heinty	Director	Area Voc. Institute	Rochester
Tom Halfter	Sen. Counselor	DVR	Fergus Falls
Mac Henderson	Superintendent	Owatonna State School	Owatonna
Ralph Hilgendorf	Counselor		Mankato
Celesta Hoffman	Caseworker	Catholic Charities	Winona
Stuart Hooey	Supervisor	SSB	St. Paul
Henry Howard	Dist. Supervisor	DVR	St. Cloud
Jason Husby	Caseworker	County Welfare	Marshall
Bill Hussy	Counselor	Title V.	Duluth
Stanford Hanson	Emp. Counselor	State Emp. Office	
Joe Hogan	Emp. Counselor	Mankato State College	Mankato
Judd Jacobson	Radio Announcer	KDHL	Owatonna
Steven James	Voc. Adj. Coord.	DVR	Winona
Robert Johnson	Sen. Counselor	DVR	Minneapolis
Dennis Johnson	Dist. Supervisor	DVR	Mankato
Roy Jorgenson	Director	OEO	Oklee
Michael Kable	Emp. Counselor	State Emp. Office	Little Falls
Paul Keve	Commissioner	Dept. of Corrections	St. Paul
Harold King	State Handicap Serv.	Dept. of Emp. Security	St. Paul
Stanley Kucera	Physician		Mankato
Sulo W. Kurts	Administrator	Assoc. for Retarded Children	Duluth
D. Van Laningham	Social Worker	Zumbro Valley Mental Health Center	Rochester
Clifford Larson	Instructor	Minnesota Homecrafters	Minneapolis
Paul E. Lee	Emp. Officer	Duluth Arionics Co.	Duluth
Del Lindstrom	Counselor	DVR	Virginia
Robert Lovering	Counselor	United Cerebral Palsy	Minneapolis
Arnold Madow	Psychologist		Mankato
Gordon Martin	Physician	Mayo Clinic	Rochester
Carl Matson	Counselor	Title V.	Duluth
Duane Mattheis	Commissioner	Dept. of Education	St. Paul
Russell McCrimmon	Counselor	DVR	St. Cloud
Eldon Morey	Counselor	DVR	St. Cloud
Everett Mueller	Director of Elem. Ed.	Winona High School	Winona
Mrs. W. H. Mann	Board Member	Day Care Center	Marshall
Dale Nelson	Sen. Counselor	DVR	Virginia
Donna Nelson	Counselor	DVR	Mankato
Paul Nelson	Principal	Cotter High School	Winona
Jack Newberry	Clinical Psychologist	Mental Health Center	Fergus Falls

APPENDIX A

COMMUNITY SURVEYS - RESPONDENTS

NAME	TITLE	AGENCY OR FIRM	CITY
Donald Allert	District Supervisor	Div. of Voc. Rehab.	Rochester
Robert Alley	Counselor	State Serv. for Blind	Duluth
Roy Anderson	Director	Mental Health Center	Fergus Falls
George Angell	Director	Goodwill Industries	Minneapolis
David Anderson	Director of Personnel	Fingerhut Mfg.	St. Cloud
Robert Bergstrom	Dir. Voc. & Adult Ed.	Dept. of Education	Duluth
George Bergwall	Personnel Mgr.	Red Wing Shoe Co.	Red Wing
Wilford Bertsch	Interviewer	MSES	Thief River Falls
Larry Binger	Personnel Mgr.	Minnesota Mining	St. Paul
M. R. Bogle	Psychologist	Mental Health Center Central Minn.	Willmar
Ray Boyer	Manager	MSES	Bemidji
Dorothy Brandel	Supervisor of Wares	Goodwill Industries	St. Paul
Jeanette Breiholz	Supervisor of Textiles	Goodwill Industries	Minneapolis
Bert Brosnan	Director	Rehab. Center	Mankato
Clofus Bulleigh	Director	St. Paul Soc. for Blind	St. Paul
Richard Carlson	Principal	East High School	Duluth
Larry Cheetham	Counselor	Youth Opp. Center	Duluth
Erwin Chorn	Consultant	Div. of Voc. Rehab.	St. Paul
Wm. Crane	Counselor	State Serv. for Blind	Moorhead
Julie Davis	Consultant	Div. of Voc. Rehab.	St. Paul
Ralph Day	Shop Foreman	Cedar Valley Rehab. Workshop	Austin
Frank Deimel	Director	United Cerebral Palsy	Minneapolis
Evelyn Deno	Director, Psych-Ed Clinic	University of Minn.	Minneapolis
Bernard Des Douches	Caseworker	Catholic Soc. Service	Red Lake Falls
Audrey Down	Counselor	DVR	St. Cloud
E. J. Duffy	Principal	Central High School	Duluth
Richard Edlund	Principal	Thief River Falls High School	Thief River Falls
E. C. Elkins	Senior Consultant	Mayo Clinic	Rochester
Robert Eliason	Supervisor	State Services for Blind	Duluth
Harold Erickson	Personnel Director	Otter Tail Power Co.	Little Falls
Sally Erleben	Program Specialist	Lighthouse for Blind	Duluth
Norman Elertson	Office Manager	State Employment Off.	St. Cloud
Donald Ewan	Manager	Slaughter Food Service	St. Cloud
Duane Fauscher	Personnel Mgr.	Mervin Lumber Co.	Warroad
Mrs. Barry Fellman	Director	Activity Center	Thief River Falls
Douglas Fenderson	Research Director	American Rehab. Found.	Minneapolis
Marland Fierke	Counselor	Div. of Voc. Rehab.	Rochester
Tom Flannagan	Director	Cedar Valley Rehab. Workshop	Austin
Marv Floren	Counselor	MSES	Rochester
Larry Foley	Supt. of Schools		Kellier, Minn.
David Froyd	Counselor	DVR	St. Paul
August Gehrke	Ass't Commissioner	Div. of Voc. Rehab.	St. Paul

NAME	TITLE	AGENCY OR FIRM	CITY
Gary Neilson	Counselor	Div. of Voc. Rehab.	Rochester
John A. Nordstrom	Em. Officer	Superwood Company	Duluth
Don Nottage	Sen. Counselor	DVR	Minneapolis
Irving Nuedell	Director	Jewish Voc. Serv.	Minneapolis
Robert O'Conner	Senior Counselor	DVR	St. Paul
A. Ogren	Counselor	DVR	Mankato
Sally Ogren	Counselor	DVR	Mankato
Ron Okerstrom	Asst. Director	Lake Region Sheltered Workshop	Fergus Falls
Susan Olsen	Counselor	DVR	Minneapolis
Milton Olson	Supt.	Red Wing Train. School	Red Wing
Ed Opheim	Assoc. Director	DVR, State Office	St. Paul
R. Pallazza	Clin. Psychologist		Mankato
James Patton	Emp. Counselor	State Emp. Serv.	Alexandria
David Pearce	Director of Personnel	St. Cloud Hospital	St. Cloud
Ronald Pearson	Office Manager		Duluth
Oliver S. Perry	Exec. Director	Minn. Employers Assoc.	
Wm. Perry	Personnel Officer	Einlo Co.	
Kenneth Person	Vice President	Mpls. Gas Co.	Minneapolis
Robert Pistol	Exec. Sec.	Lighthouse for the Blind	Duluth
Mrs. Dennis Plant	Director	Crookston Activity Center	Crookston
Stanley Potter	Director	State Serv. for the Blind	St. Paul
Nancy Ramlo	Caseworker	Winona County Welfare Dept.	Winona
Phyllis Rodrick	Dist. Supervisor	DVR	St. Paul
George Sargeant	Manager	Emp. Service	Rochester
Wilko Schoenbohm	Director	MISSCA	Minneapolis
Vernon Schultz	Voc. Adj. Coord.	DVR	St. Paul
Donald Selleck	Controller	Minnesota Mining	St. Paul
Ed Selnes	Evaluator	Ability Bldg. Center	Rochester
Duane Sermon	District Supervisor	DVR	Bemidji
Neil Sherburne	Sec.-Treas.	AFL-CIO	St. Paul
Jean Sisson	Personnel Director	Goodwill Industries	St. Paul
B. K. Soby	Manager	Dieseth Const. Co.	
Pat Sours	Counselor	MSES	Rochester
Fred Spriggs	Voc. Adj. Coord.	DVR	Moorhead
J. K. Stadum	Manager	MSES	Thief River Falls
Joe Steen	Consultant	DVR	St. Paul
Lester Stiles	Director	Olmstead County Welfare Department	Rochester
Robert Sternal	Specialist for Planning & Spec. Programs	DVR	Bemidji
Mr. Sturre	Community Resource Aide		Oklee
Robert Swanson	Psychologist	Duluth Health Center	Duluth
Richard Ugland	Exec. Director	Ability Bldg. Center	Rochester
Mary Van Gorden	Director	Duluth Rehab. Center	Duluth
S. A. Vertuca	Program Director	Mental Health Center	Mankato
Oscar Volden	Emp. Director	State Emp. Service	Alexandria
James Wakefield	Director	Vocational School	St. Cloud

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY OR FIRM</u>	<u>CITY</u>
Jim Whorton	Plant Manager	Hubbard Milling Co.	
Robert Williams	Director	Northwestern Mental Health Center	Crookston
Avis Woehrle	Counselor	DVR	Mankato
Eleanor Wojnich	Counselor	DVR	St. Paul
James Wolfe	Director	Lake Region Sheltered Workshop	Fergus Falls
Robert Younger	Counselor	Opportunity Workshop	Minneapolis
R. Zabel	Project Director	Zumbro Valley Mental Health Center	Rochester
Arlen Zobroski	Emp. Director	State Employment Office	Little Falls

APPENDIX B

COMMUNITY SURVEYS

- I. Administrator Survey Form
- II. Service Provider Survey Form
- III. Community Leader Survey Form
- IV. Client Survey Form

APPENDIX B

COMMUNITY SURVEYS - I. ADMINISTRATOR SURVEY FORM

1. Are you aware of people who are in need of rehabilitation services who are not now able to receive them? (Possible issues - underemployed, institutionalized, migratory workers, etc.)
2. Are there problems in the current system of funding services? (Possible issues - periodic shortages of funds, how funds are obtained, equal funding for equal services, how priorities are established, cost benefit analysis, excessive review necessary to obtain funds, etc.)
3. Are there problems in the staffing of rehabilitation services? (Possible issues - shortages of manpower, adequate training, salaries, etc.)
4. Are existing rehabilitation facilities adequate to meet the need? (Possible issues - size and repair of physical plant, location of facility, number of facilities, etc.)
5. Are there problems in the quality of services provided? (Possible issues - quality control, supervision, in-service training, right kind of information available to staff, etc.)
6. Are there specific client services that need to be expanded or created to meet the needs of all clients to be served? (Possible issues - duplication of some services, new problems or unmet needs, etc.)
7. Is there adequate coordination between the providers of existing services? (Possible issues - unnecessary duplication of purpose, analysis to meet community need, adequate understanding of purpose of other agencies, adequate type of communication, etc.)
8. Are enough people with employment problems being referred to vocational service providers? (Possible issues - resources such as doctors, schools, employers, refers enough, enough community knowledge about vocational services, etc.)
9. Are services being provided quickly enough to clients needing them? (Possible issues - long waiting period for services, coordinating existing services, etc.)
10. Are vocational agencies making adequate referral usage of non-vocational services? (Possible issues - broad enough assessment of client problems to include non-vocational services - debt adjustment, marriage counseling, family planning, etc.)
11. Are adequate services being provided to people who cannot work? (Possible issues - enough non-work activity programs, living standards acceptable, community acceptance, etc.)
12. Are the follow-up services provided clients adequate? (Possible issues - responsibility for client defined, early closures to meet quota, closure goals adequate, research and feedback to staff, etc.)
13. Is there appropriate utilization of accredited training facilities by rehabilitation services? (Possible issues - equal referral opportunity, training considered often enough, are schools meeting needs, etc.)
14. Is the current way that clients get jobs after services adequate? (Possible issues - job level or type, right kind of placement techniques, etc.)
15. Are there any other issues you would like to comment upon?

COMMUNITY SURVEYS - II. SERVICE PROVIDER SURVEY FORM

1. Do you feel that the current system allows the providers of services to do what is necessary for "tough" cases? If no, what do you see as the limitations? (Possible issues - closure quota pressures, high caseloads, money shortages.)
2. Given the proposition that there are different criteria for defining what is a successful case, do existing criteria enable the providers of services to realistically evaluate the success of their efforts? If no, why not? (Possible issues - no uniformity in criteria, scope of criteria too narrow.)
3. If a client needs services which you are unable to provide, do you find it difficult to select the most appropriate place to refer the client? If yes, why is it difficult? (Possible issues - don't know eligibility criteria, don't know precisely what others do, don't know what resources exist?)
4. Are clients able to receive the services they need quickly enough? If no, why not? (Possible issues - delays to establish eligibility, long waiting lists, communication breakdowns.)
5. Are adequate services being provided to people who cannot work? If no, what services are necessary? (Possible issues - adequate living standards, leisure time activities, employment de-briefing.)
6. Is there adequate communication between different agencies providing rehabilitation services to the same client? If no, why and where does communication break down? (Possible issues - responsibilities not defined, communication channels not established, limitations of scope between agencies.)
7. Do you think service providers currently possess the techniques and information necessary to appropriately match workers to jobs? If no, what do you think is needed?
8. Are clients provided adequate follow-up services? If no, why not? What problems does not providing adequate follow-up lead to? (Possible issues - inability to determine whether further services are needed, limitations of scope.)
9. Do you think the criteria currently used to determine when to terminate services and close the case accurately reflect client needs? Why? (Possible issues - closure quotas, problems aren't resolved, limitations in scope.)
10. Given the proposition that there is usually room for improvement in most things, what recommendations do you have to improve the quality of rehabilitation services provided? (Possible issues - better in-service training, better supervision, better salaries, better hiring standards.)
11. Do you have any other comments or suggestions?

COMMUNITY SURVEYS - III.

COMMUNITY LEADER SURVEY FORM

1. Are there groups of people who need services who are not now able to get them quickly and easily?
2. What efforts could be made to improve the availability of rehabilitation services?
3. Do you feel that the current system identifies problems in unemployed people accurately and completely?
4. Does the current system provide a broad enough range of services?
5. What suggestions do you have for improving services?
6. What are some of the guidelines you would suggest to better measure "success" of rehabilitation services?
7. What needs to be done to more consistently improve and monitor the quality of services which we provide?
8. How could information or data collection systems be improved?
9. How can the quality of professional services be improved? How can we make best use of available professional personnel?
10. What are some of the steps which need to be taken which would enable us to plan rehabilitation services in a more systematic fashion?

COMMUNITY SURVEYS - IV.

CLIENT SURVEY FORM

1. What problems did you have that led to your getting rehabilitation services?
2. How did you first find out that rehabilitation services were available to you?
3. Did you have any delays between the time you first needed rehabilitation services and the time you received help? (Please explain.)
4. How many people or agencies have helped with your problem? (List)
5. Once you started to get services were there any unnecessary interruptions or delays that caused you inconvenience?
6. What kinds of services or help did rehabilitation provide for you?
7. Was the help provided the kind you expected to get? Did someone in rehabilitation explain to you what services you would receive and did you understand why you were being given certain services?
8. Did you receive the kind of help you feel you needed?
9. What kind of rehabilitation services did you find most helpful?
10. Which services did you feel could have been improved?
11. Did the services correct your problem? (Explain)
12. Are you now in need of any further assistance from rehabilitation?
13. Do you know of anyone else who has had problems in getting rehabilitation services? (Explain)

APPENDIX C

COMMUNITY SURVEYS - RESPONSES

- I. Administrator
- II. Service Provider
- III. Community Leader
- IV. Client

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APPENDIX C
COMMUNITY SURVEYS
ADMINISTRATOR
TOTAL NUMBER INTERVIEWED - 88

1. Are you aware of people who are in need of rehabilitation services who are not now able to receive them?

Total responding - 84 - 95%

	<u>Number</u>	<u>Percent</u>
(A) No, not aware of anyone	16	19%
(B) Yes, there is a problem	68	81%
1. Yes - but group not specified	34	50%
2. Mentally retarded	12	18%
3. Corrections client - Youthful offenders.....	9	13%
4. Public assistance recipients	6	9%
5. Alcoholics	6	9%
6. Underemployed	5	7%

2. Are there problems in the current system of funding services?

Total responding - 78 - 89%

(A) No problems in current system	10	13%
(B) Yes, there are problems	68	87%
1. Yearly budget problems, funds ran out at end of year	16	24%
2. Lack of coordination - planning of funds between agencies	13	19%
3. State doesn't match Federal funds	12	18%
4. Red tape, money comes through too slowly....	10	15%

3. Are there problems in the staffing of rehabilitation services?

Total responding - 84 - 95%

(A) No problems in staffing	8	10%
(B) Yes, there are problems	76	90%
1. Manpower shortage	43	57%
2. Salaries too low	35	46%
3. Inadequate training of counselors	15	20%
4. High staff turnover.....	9	12%

COMMUNITY SURVEYS - ADMINISTRATOR (Cont.)

4. Are existing rehabilitation facilities adequate to meet the need?

Total responding - 80 - 91%

	<u>Number</u>	<u>Percent</u>
(A) Yes, they are adequate	16	18%
(B) No, they are not adequate	64	82%
1. Need more sheltered workshops	22	34%
2. General answer	22	34%
3. Poor distribution of facilities, Location problems	16	25%
4. Need more specialized resources.....	12	19%

5. Are there problems in the quality of services provided?

Total responding - 75 - 85%

(A) No problems	13	17%
(B) Yes, there are problems of quality	62	83%
1. General answer	24	39%
2. Due to inexperienced staff	9	15%
3. Lack of communication and coordination results in people not getting services.....	7	11%
(C) Reasons for quality problems		
1. Staff shortage	18	29%
2. Fund shortage	6	10%
3. Due to staff turnover.....	6	10%
4. Too much emphasis on quantity.....	6	10%

6. Are there specific client services that need to be expanded or created to meet the needs of all clients to be served?

Total responding - 74-84%

(A) No, there are no problems	3	4%
(B) Yes, there are problems	71	96%
1. Need more sheltered workshops	20	28%
2. Need more of everything.....	16	23%
3. Need more housing and transportation for clients.....	8	11%
4. Need more social and non-vocational programs.	7	10%

COMMUNITY SURVEYS - ADMINISTRATOR (Cont.)

7. Is there adequate coordination between the providers of existing services?

Total responding - 83 - 94%

	<u>Number</u>	<u>Percent</u>
(A) Yes, no problem	23	28%
(B) No, coordination not adequate	60	72%
1. General negative answer.....	20	33%
2. Should be on basis of objectives.....	10	17%
3. Duplication of services.....	10	17%

8. Are enough people with employment problems being referred to vocational service providers?

Total responding - 75 - 85%

(A) Yes, they are	30	40%
(B) No, there is a problem	45	60%

9. Are services being provided quickly enough to clients needing them?

Total responding - 78 - 89%

(A) Yes, no problem	12	15%
(B) No, they are not	66	85%
1. Staff shortage, inadequate facilities.....	31	47%
2. General answer - non-specific.....	20	30%
3. Lack of money	15	23%
4. Red tape - procedural problems.....	10	15%

10. Are vocational agencies making adequate referral usage of non-vocational services?

Total responding - 59 - 67%

(A) Yes, adequate use being made	20	34%
(B) No, adequate use not being made	39	66%
1. General, non-specific answer.....	15	38%
2. Lack of information concerning services...	11	28%
3. Agencies not located where needed.....	6	15%

11. Are adequate services being provided to people who cannot work?

Total responding - 66 - 75%

(A) Yes, they are	7	11%
(B) No, there is a problem	59	89%

COMMUNITY SURVEYS - ADMINISTRATOR (Cont.)

12. Are the follow-up services provided to clients adequate?

Total responding - 71 - 81%

	<u>Number</u>	<u>Percent</u>
(A) Yes, services are sufficient	17	24%
(B) No, services are not sufficient	54	76%

13. Is there appropriate utilization of accredited training facilities by rehabilitation services?

Total responding - 66 - 75%

(A) Yes, no problem	42	64%
(B) No, there are problems	24	36%
1. Not enough training available.....	7	29%
2. General answer.....	6	25%
3. Non-accredited training used.....	4	17%

14. Is the current way that clients get jobs after services adequate?

Total responding - 72 - 82%

(A) Yes, current way is satisfactory	19	26%
(B) No, current way is not satisfactory	53	74%
1. General answer.....	23	43%
2. Need more job development.....	15	28%
3. Duplication of effort.....	6	11%

15. Additional issues or comments.

Total responding - 48 - 55%

(A) Suggestions:		
1. Coordinate DVR-ES-Welfare	9	19%
2. Educate the public	7	15%
3. Improve inter-agency communication and coordination.	6	13%
4. Broaden sources of rehabilitation	6	13%
5. More in-service training for staff members	5	10%

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COMMUNITY SURVEYS - II. SERVICE PROVIDER

TOTAL NUMBER INTERVIEWED - 64

1. Do you feel that the current system allows the providers of services to do what is necessary for "tough" cases?

Total responding - 61 - 95%

	<u>Number</u>	<u>Percent</u>
(A) Yes, system adequate	13	21%
(B) No, problems in system	48	79%
1. Not enough staff - too high a caseload, not enough time.....	27	56%
2. Not enough money for staff or for providing services.....	18	38%
3. Poor communication and coordination between agencies.....	11	23%
4. More services are needed, new services are needed.....	11	23%

2. Given the proposition that there are different criteria for defining what is a successful case, do existing criteria enable the providers of services to realistically evaluate the success of their efforts?

Total responding - 56 - 86%

(A) Yes, existing criteria are sufficient	20	36%
(B) No, problems exist	36	64%
1. Employment alone is not sufficient criterion.	13	36%
2. There is no uniformity in existing criteria..	9	25%
3. Unspecified answer.....	6	16%
4. Criteria should be defined as client reaching predetermined goals.....	5	13%

3. If a client needs services which you are unable to provide, do you find it difficult to select the most appropriate place to refer the client?

Total responding - 59 - 91%

(A) No problem in making referral	32	54%
(B) Yes, there are problems in making referrals	27	46%
1. Lack of information about other services, overlap of services.....	20	74%
2. Not enough services are available.....	6	22%

COMMUNITY SURVEYS - SERVICE PROVIDER (CONT.)

4. Are clients able to receive the services they need quickly enough?

Total responding - 62 - 97%

	<u>Number</u>	<u>Percent</u>
(A) Yes, they are	8	13%
(B) No, there are problems	54	87%
1. Red tape, communication problems.....	32	59%
2. Staff, money, and facility shortages.....	28	52%

5. Are adequate services being provided to people who cannot work?

Total responding - 46 - 72%

(A) Yes, services are adequate	7	15%
(B) No, there are problems	39	85%
1. Need recreational, non-work activities.....	18	46%
2. Need more sheltered workshops.....	11	28%
3. Need more day care centers.....	8	21%

6. Is there adequate communication between different agencies providing rehabilitation services to the same client?

Total responding - 58 - 91%

(A) Yes, communication is adequate	17	29%
(B) No, communication is not adequate	41	71%
1. Not <u>enough</u> communication.....	20	49%
2. Lack of primary responsibility for coordination of services and reporting.....	11	27%
3. Lack of understanding of respective agency's role.....	9	22%

7. Do service providers currently possess the techniques and information necessary to appropriately match workers to jobs?

Total responding - 60 - 94%

(A) Yes, current techniques are adequate	20	33%
(B) No, current techniques are not adequate	40	67%
1. Not enough knowledge of current labor market and job descriptions.....	26	65%
2. Service providers need more training.....	10	25%
3. Need more research on clients.....	8	20%

COMMUNITY SURVEYS - SERVICE PROVIDER (CONT.)

8. Are clients provided adequate follow-up services?

Total responding - 57 - 89%

	<u>Number</u>	<u>Percent</u>
(A) Yes, followup is adequate	13	23%
(B) No, followup is inadequate	44	77%
1. Staff problems, not enough time and money....	26	59%
2. Closure pressure.....	13	30%
(C) Resulting problems		
1. If no followup - services cannot be evaluated	19	43%
2. Clients encounter problems they can't handle.	12	27%

9. Do you think the criteria currently used to determine when to terminate services and close the case accurately reflect client needs?

Total responding - 55 - 86%

(A) Yes, criteria are adequate	21	38%
(B) No, criteria are not adequate	34	62%
1. Closure criteria based on time available to work with clients.....	12	35%
2. Criteria based on number of clients employed not client needs.....	12	35%
3. Problems not always resolved.....	5	15%
4. Administrative pressure forces early separation - before client is ready.....	5	15%

10. How can rehabilitation services be improved?

Total responding - 52 - 81%

1. More staff, lighter caseload	20	38%
2. Better professional training	20	38%
3. Better salaries and incentives	17	33%
4. Better coordination and communication	13	25%
5. Better public education	9	17%
6. Improved supervision	8	15%
7. More money for purchasing services	7	13%

COMMUNITY SURVEYS - SERVICE PROVIDERS (Cont.)

11. Do you have any other comments or suggestions?

Total responding - 28 - 44%

	<u>Number</u>	<u>Percent</u>
1. Need more money and staff	10	36%
2. More planning and coordination needed	6	21%
3. Vocational rehabilitation should expand into new areas	6	21%

COMMUNITY SURVEYS - III. COMMUNITY LEADER

TOTAL NUMBER INTERVIEWED - 25

1. Are there groups of people who need services who are not now able to get them quickly and easily?

Total responding - 20 - 80%

	<u>Number</u>	<u>Percent</u>
(A) No	2	10%
(B) Yes	18	90%
(C) Problems		
1. Special groups listed (retards, etc.).....	8	40%
2. Unspecified answer.....	4	20%
3. Geographic location of services to clients..	3	15%

2. What efforts could be made to improve the availability of rehabilitation services?

Total responding - 23 - 92%

(A) No improvement needed	3	13%
(B) Suggestions for improving	20	87%
1. Increase publicity.....	6	26%
2. More communication and coordination.....	5	22%
3. Hire more staff, provide better salaries....	5	22%
4. Coordination by a community rehabilitation agency.....	5	22%

3. Do you feel that the current system identifies problems in unemployed people accurately and completely?

Total responding - 21 - 84%

(A) Yes, sufficient	6	29%
(B) No, not sufficient	15	71%
1. Poor follow-up techniques.....	6	29%
2. Doesn't adequately handle non-vocational problems.....	3	14%
3. Not enough information on clients.....	2	10%

COMMUNITY SURVEYS - COMMUNITY LEADER (COOT.) 4.

Does the current system provide a broad enough range of services?

Total responding - 22 - 88%

	<u>Number</u>	<u>Percent</u>
(A) Yes	6	27%
(B) No	16	73%
<hr/>		
1. Answer not specified.....	6	27%
2. Lack of coordination between agencies.....	4	18%
3. Specific services lacking.....	3	14%

5. What suggestions do you have for improving services?

Total responding - 18 - 72%

(A) Need more adequate resources and facilities	5	28%
(B) Improve staff salaries	4	22%
(C) Improve placement techniques	4	22%
(D) Educate the public	4	22%

6. What are some of the guidelines you would suggest to better measure "success" of rehabilitation services?

Total responding - 21 - 84%

(A) No guidelines needed	1	5%
(B) Suggestions		
1. Base success on the results, not the number of closures.....	8	38%
2. Improve overall follow-up techniques.....	5	24%
3. Ability of rehabilitation to supply people with skills needed by industry.....	5	24%
4. Clients "self-image".....	4	19%

7. What needs to be done to more consistently improve and monitor the quality of services which we provide?

Total responding - 17 - 68%

(A) Adequate as is	0	0%
(B) Suggestions		
1. Increase staff and salaries.....	5	29%
2. Improve overall communication.....	5	29%
3. More follow-up with clients.....	4	24%

COMMUNITY SURVEYS - COMMUNITY LEADER (Cont.)

8. How could information or data collection systems be improved?

Total responding - 12 - 48%

	<u>Number</u>	<u>Percent</u>
(A) Do not know - no response	13	52%
(B) Suggestions		
1. More coordination of all persons involved with the client.....	3	25%
2. Collect same data on all clients.....	3	25%
3. Utilize more family information.....	3	25%

9. How can the quality of professional services be improved?

Total responding - 15 - 60%

(A) No improvement needed	1	7%
(B) Quality improvement suggestions		
1. Closer relationship with industry.....	8	53%
2. Upgrade qualification and pay.....	2	13%
(C) Utilization of personnel		
1. Improve professional training.....	5	33%
2. Professionals should use their specialty training.....	2	13%

10. What are some of the steps which need to be taken which would enable us to plan rehabilitation services in a more systematic fashion?

Total responding - 17 - 68%

(A) Services currently adequate	0	0%
(B) Suggestions		
1. Improve communication.....	5	29%
2. Coordinate services.....	4	24%
3. Better use of current services.....	4	24%
4. Use manpower forecasting to predict needs of rehabilitation services.....	3	18%

COMMUNITY SURVEYS - IV. CLIENT

TOTAL NUMBER INTERVIEWED - 43

1. What problems did you have that led to your getting rehabilitation services?

Total responding - 43 - 100%

	<u>Number</u>	<u>Percent</u>
(A) Physical problems	27	63%
(B) Visually impaired	10	23%
(C) Mental problems	8	19%
(D) other problems	4	9%

2. How did you first find out that rehabilitation services were available to you?

Total responding - 43 - 100%

(A) Through other agencies	14	33%
(B) Through doctor or hospital	10	23%
(C) Through school, counselors, teachers, superintendent	9	21%
(D) Through friends and/or family	8	19%

3. Did you have any delays between the time you first needed rehabilitation services, and the time you received help?

Total responding - 43 - 100%

(A) No delays	24	56%
(B) Yes, there were delays	19	44%

4. How many people or agencies have helped with your problem?

Total responding - 43 - 100%

(A) Clients seen by 2 agencies	17	40%
(B) Clients seen by 3 agencies	11	26%
(C) Clients seen by 4 or more agencies	12	28%

(D) Types of agencies

1. DVR	33	77%
2. welfare	16	37%
3. hospital or doctors	14	33%
4. private agencies	12	28%
5. employment service	8	19%

COMMUNITY SURVEYS - CLIENT (Cont.)

5. Once you started to get services were there any unnecessary interruptions or delays that caused you inconvenience?

Total responding - 43 - 100%

	<u>Number</u>	<u>Percent</u>
(A) No delays	33	77%
(B) Yes, there were delays	10	23%

6. What kinds of services or help did rehabilitation provide for you?

Total responding - 43 - 100%

(A) Counseling	18	42%
(B) Training	17	40%
(C) Placement	14	33%
(D) Education	11	26%
(E) Work evaluation	11	26%

7. Was the help provided the kind you expected to get?

Total responding - 43 - 100%

(A) Yes, client satisfied with services	30	70%
(B) No, client not satisfied with services	13	30%
1. Explanation of services unclear	6	46%
2. Unspecified response	3	23%
3. Did not receive placement services	2	15%

8. Did you receive the kind of help you feel you needed?

Total responding - 41 - 95%

(A) Yes, received help needed	25	61%
(B) No, didn't receive help needed	16	39%
1. No placement	4	25%
2. Not enough training	3	19%
3. Counselor's attitude poor	2	13%

COMMUNITY SURVEYS - CLIENT (Cont.)

9. What kind of rehabilitation services did you find most helpful?

Total responding - 39 - 91%

	<u>Number</u>	<u>Percent</u>
(A) None helpful	6	15%
(B) Type most helpful		
1. Job placement	8	24%
2. Counseling	7	21%
3. Training	7	21%
4. Education	6	18%
5. All equally helpful	5	13%

10. Which services did you feel could have been improved?

Total responding - 38 - 88%

(A) All services adequate	11	29%
(B) Made suggestions for service improvement	27	71%
1. More training, more specific training ..	9	33%
2. Job placement	8	30%
3. Counseling	3	11%

11. Did the services correct your problem?

Total responding - 43 - 100%

(A) Yes, problem corrected	21	49%
(B) Problem uncorrectable	12	28%
(C) No, problem could have been corrected, but wasn't	10	23%

12. Are you now in need of any further assistance from rehabilitation?

Total responding - 43 - 100%

(A) No services needed	23	53%
(B) Services needed	20	47%
1. Training	7	35%
2. Placement	4	20%
3. Medical advice	3	15%
4. Counseling	3	15%

COMMUNITY SURVEYS - CLIENT (Cont.)

13. Do you know of anyone else who has had problems in getting rehabilitation services?

Total responding - 43 - 100%

	Number	Percent
(A) No	3-4	79%
(B) Yes	9	21%

APPENDIX D

INPUT

REFERENCES

APPENDIX D

INPUT REFERENCES

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APPENDIX E

INPUT - SURVEY INSTRUMENT

APPENDIX E

INPUT - SURVEY INSTRUMENT

This survey is broken into *two* sections. In the outreach section we are trying to define who you are reaching out to serve and not whom you are serving. In the numbers of clients served section we are trying to measure who was actually served and not measure your outreach efforts.

OUTREACH

We want a description of your agency's efforts in encouraging potential clients to use your services through your outreach or case finding efforts. We are including a list of 18 categories that agencies often use in classifying clients. These disability categories are:

Mentally ill, mentally retarded, visually impaired, hearing impaired, physically disabled, alcoholics, drug addicts, general relief recipients, AFDC recipients, older workers, Workmen's Compensation recipients, migrant workers, minority youth, minority adult, poverty white, under employed, public offenders catastrophically disabled.

In many instances a client may fit into more than one category. You may have a mentally ill person who is also physically disabled or a member of a minority race. When you rate a category try to base your rating on the primary reason why the client would be accepted. After each category mark the kind of outreach done by your agency for each category as well as any other specialized information asked for in the following disability categories. This section is trying to identify who you are reaching out to serve and not measure whom you are actually serving.

If you use more than one type of outreach level, mark the primary method used for each disability category. Mark a "2" by any other secondary outreach method you might use for a category.

1. Mentally Ill (Mark a "2" by any secondary outreach efforts for this category)

____ Check if your agency cannot specifically serve this category because of legal or administrative regulations.

____ Check if your agency discourages this category from seeking your agency's services, (e.g. services are not appropriate, poor results from services, etc.)

____ Check if the primary outreach method used by your agency with this category is through having special personnel located in out-patient facilities, schools, neighborhoods. or institutions where the potential clients are located or you have personnel that serve only this category.

Number of staff _____

Where are they located (List from the above underlined places where staff is located) _____

____ Check if your primary outreach method for this category is through an experimental, demonstration, or other special service program designed for this category.

Size of program _____

Number of clients it is to reach _____

Number of staff involved _____

The name of the program _____

Where clients come from: schools, out-patient facilities, other agencies, institutions, neighborhoods _____

____ Check if the primary outreach method to bring this category into your services is through a systematic referral arrangement with other professional people who deal with this category.

____ Check if the primary outreach method you use is through disseminating information to the public that specifically mentions your services to this category.

____ Check if you serve this category, but make no special effort to encourage their entering your program.

____ Check if you plan to expand or increase your outreach efforts to this category in the next two year.

NOTE: A similar form was included for each of the remaining 17 disability categories .

NUMBER OF CLIENTS SERVED

In this section we would like to know the number of clients receiving service in each of the 18 categories and your plans for expansion. If possible list the actual number of clients served and if this is not available provide your best estimate of the number served in each category. Use the last agency year for your period of time.

Total number of clients served last agency year _____

Dates: _____ to _____

Total number of filled professional 12-month staff positions providing services directly to clients in the last agency year _____

(These should be full time positions and not consultants or purchased services.)

1. Mentally Ill

list the actual number of this category served your last agency year _____

If this figure is not available list your best approximation

Check one of the following:

- _____ Check if you plan to place less emphasis on serving this category in the next two years.
Check if you plan to place the same emphasis on serving this category in the next two years that you have in your last agency year.
Check if you plan a small emphasis on increasing your service to this category in the next two years.
_____ Check if you plan to place a significant emphasis on increasing your services to this category in the next two years.

List the specific actions you plan on taking to significantly increase your emphasis on serving this category in the next two years. (Also include the type of outreach you plan to utilize.)

Number of staff _____

Where located _____

NOTE: A similar form was included for each of the remaining 17 disability categories .

APPENDIX F

OBJECTIVES AND SERVICES

OBJECTIVES AND SERVICES AREA

1 OUTREACH AND ENTRANCE

1. OBJECTIVE: Search for individuals in need of services

SERVICES:

- A. Neighborhood and door-to-door recruiting
- B. Out stations in community facilities
- C. Contacts with staff employed in community facilities
- D. Publicly disseminated information through newspapers, radio, and television

2. OBJECTIVE: Encourage certain individuals to use services

SERVICES:

- A. Accept those clients who seek services
- B. Accept those clients who seek services but who are reluctant to participate
- C. Accept those clients who are initially not interested in receiving services

3. OBJECTIVE: Provision of services to certain kinds of individuals

SERVICES:

- A. Provide services to those individuals who can readily benefit from services.
- B. Provide services to those individuals who may questionably profit from them
- C. Provide services to those individuals whose chances of benefiting from services are slim
- D. Provide services to those individuals who need them
- E. Provide services to those individuals who are an economic concern to the community,

AREA 2 VOCATIONAL GUIDANCE SERVICES

1. OBJECTIVE: Measure the individual's interests and determine his occupational needs

SERVICES:

- A. Interviews or group work contacts with the individual
- B. Interest tests (e.g., Strong Vocational Interest Blank, Kuder Preference Record, etc.)
- C. Need tests (e.g., Minnesota Importance Questionnaire, etc.)
- D. Occupational Information
- E. Work samples (A task or group of tasks which measure or predict job performance:
 - (1) Simulated (The client is not paid for what he produces)
 - (2) Actual (The client is paid for what he produces)

2. OBJECTIVE: Determine the extent to which the individual now has specific occupational skills

SERVICES:

- A. Interviews or group work contacts with the individual
- B. Proficiency (e.g., typing, etc.) and oral and written trade tests
- C. Simulated or actual work samples

3. OBJECTIVE: Determine train ability - extent to which an individual can learn or acquire occupational skills

SERVICES:

- A. Interviews or group work contacts with the individual
- B. Group intelligence tests (e.g., Otis, Wonderlic, etc.) and aptitude tests (e.g., GATB, Minnesota Paper Form Board, Purdue Pegboard, etc.)
- C. Individual intelligence tests (Wechsler Adult Intelligence Scale, Stanford Binet, etc.)
- D. Organic clinical tests for visuo-motor or psycho motor abilities (brain-damage), (e.g., Porteus Maze, Bender, etc.)
- E. Personality clinical tests (e.g., Minnesota Multi-phasic Personality Inventory, Rorschach, etc.)
- F. Work samples (see 1E above)

4. OBJECTIVE: Determine basic education needs

SERVICES:

- A. Interviews or group work contacts with the individual
- B. Intelligence testing (See 3B, C, and D)
- C. Basic education testing (e.g., Gates Reading Survey, One Hundred Problem Arithmetic Tests, etc.)
- D. Consultation from a remedial or basic education consultant

5. OBJECTIVE: Determine feasibility of General Educational Development program for High School Equivalency certificate

SERVICES:

- A. Interviews or group work contacts with the individual
- B. Intelligence testing (See 3B, C)
- C. Basic education testing (See 4C)
- D. Reading or basic education consultation

AREA 3 VOCATIONAL PREPARATION

1. OBJECTIVE: Provide for occupational training

SERVICES:

- A. More than 4 years of college
- B. Four years of college
- C. One to three years of college
- D. Public trade and business schools
- E. Private non-profit trade or business schools
- F. Private, profit, trade or business schools
- G. Correspondence study (public and private)
- H. Tutorial
- I. On the job training
 - (1) Industrial
 - (2) Workshops or vocational rehabilitation centers

2. OBJECTIVE: Teach individuals how to adjust to co-workers and supervisors

SERVICES:

- A. Individual or group work services prior to employment
- B. Individual or group work services after obtaining employment
- C. Referral to Secondary agencies (Sheltered Workshops, Vocational Rehabilitation Centers) for this specific purpose
- D. Referral to Supportive agencies (Mental Health Centers, Case work Agencies, etc.) or individual practitioners (psychiatrists, psychologists, etc.) for this specific purpose

3. OBJECTIVE: Teach attendance and promptness

SERVICES:

- A. Individual or group work services prior to employment
- B. Individual or group work services after obtaining employment
- C. Referral to Secondary agencies (Sheltered Workshops, Vocational Rehabilitation Centers) for this specific purpose
- D. Referral to Supportive agencies (See 2D above) for this specific purpose

4. OBJECTIVE: Teach individuals to improve quality and quantity of work

SERVICES:

- A. Individual or group work services before employment
- B. Individual or group work services after employment
- C. Referral to secondary agencies (2C) for this purpose
- D. Referral to supportive agencies (2D) for this purpose

AREA 4 JOB-ACQUISITION SERVICES

1. OBJECTIVE: Locate job openings
SERVICES: A. Primary agency staff solicits job leads from industry (e.g., phone, personal contact, advertising)
B. Use of public and private non-profit agencies (Employment Service)
C. Use of private profit-making agencies (Fee employment agencies)
D. Teach clients to obtain job leads
E. Publicly available sources (e.g., want ads)
2. OBJECTIVE: Provide special employment prerequisites (tools, dues, licenses, etc.)

SERVICES: A. Arrange for and pay for union membership or initiation fees
B. Arrange for and pay for special licenses
C. Arrange for and pay for necessary tools
D. Arrange for and pay for special clothing
3. OBJECTIVE: Teach job application procedures

SERVICES: A. Teach clients how to fill out application blanks
B. Teach clients how to interview for a job
C. Teach clients how to take employment tests

AREA 5 MEDICAL-RELATED SERVICES

1. OBJECTIVE: Measure physical capacity

SERVICES:

- A. Interview or group work contacts with the individual
- B. Physical examination
- C. Physical examination and a physical and/or occupational therapy program
- D. Work sample (physical capacities as they relate to the performance of a specific job)

2. OBJECTIVE: Measure stability of medical condition

SERVICES:

- A. Interview by non-medical (i.e., counselor) person
- B. Physical examination by a licensed physician

3. OBJECTIVE: Determine the need for medical treatment

SERVICES:

- A. Physical examination by licensed physician

4. OBJECTIVE: Provide medical and related services

SERVICES:

- A. Surgical intervention to restore, repair, remove or replace medical problems or pathology
- B. Adaptive devices, aids, appliances, (braces, crutches, glasses, wheelchair, etc.)
- C. Nutritional and dietary information
- D. Improvement and maintenance of present physical capacities through a variety of physical and occupational therapies
- E. Drugs for either chronic, acute medical or psychiatric problems
- F. Dental repair, removal, dentures, etc.

AREA 6 SPEECH AND HEARING SERVICES and COMPENSATORY SERVICES

1. OBJECTIVE: Speech and audio diagnosis

SERVICES:

- A. Examination by an Audiologist
- B. Examination by a Speech Therapist

2. OBJECTIVE: Speech and audio treatment

-

SERVICES:

- A. Speech Therapy
- B. Devices (hearing aid)
- C. Audiology Training

3. OBJECTIVE: Teach compensatory skills (e.g., braille, lip reading, home making, mobility training, etc.) for permanent disability

SERVICES:

- A. Services provided within the primary agency
- B. Referral to special personnel outside the agency (audiologist, speech therapist, etc.)
- C. Referral to a specialized resource (Rehabilitation Center, Hearing Society, Society for the Blind, etc.)

AREA 7 SUPPORTIVE AND ENABLING SERVICES FOR CLIENTS

1. OBJECTIVE: Improve individual's transportation

SERVICES:

- A. Arrange or purchase adaptive equipment for an automobile
- B. Aid in preparing for written and performance driver's tests
- C. Aid in selecting and arranging for financing of an auto
- D. Provide information and training to use public and private transportation systems

2. OBJECTIVE: Relocation services

SERVICES: Temporary Relocation

- A. Locate temporary housing
- B. Provide travel and moving costs

SERVICES: Permanent Relocation

- A. Assist in both selling the old home and buying a new one
- B. Provide travel and moving costs
- C. Provide or arrange for community medical, social, psychological and vocational educational services for family members and for client

3. OBJECTIVE: Correction of Behavior Problems

SERVICES: Treatment and referral of behavioral disorders

- A. Short term (6 contacts or less) counseling services directly provided by. the primary agency
- B. Long term (more than 6 contacts) counseling services directly provided by. the primary agency
- C. Referral to community services (e.g., psychiatrists, social workers, group workers, psychologists) in settings such as Mental Health Centers, Family Agencies, Private Practitioners, etc.
- D. Provide information to the client concerning the resources available for his problem
- E. Prepare both the client and the resource for the referral and services

SERVICES: Diagnose maladaptive behaviors

- A. Determine the extent to which the client has behaviors which clearly affect his ability to work
- B. Determine the extent to which the client has behavior problems which affect his ability to get along with others in his home but do not affect his job performance
- C. Determine the extent to which the client has behavior problems with others in the community but which do not affect his job performance
- D. Determine the extent to which behavior problems are present in the client's family unit
- E. Determine the extent to which the client has behaviors which would endanger his physical health

SERVICES: Diagnose socially handicapping personal behaviors

- ' A. Determine the client's need to improve his personal cleanliness
- B. Determine the client's need to improve his personal grooming (clothes, hair style, etc.)
- C, Determine the client's need to improve his social behaviors (manners, social conversation, etc.)

SERVICES: Teach socially acceptable behaviors and habits

- A. Teach the client the importance, need, and methods to achieve personal cleanliness (body odor problems, etc.)
- B. Teach the client how to plan a basic wardrobe, appropriate styles of clothing, and upkeep of clothing.
- C. Teach the client grooming methods concerning hair, makeup, etc.
- D. Teach the individual social skills which would make him more acceptable to others and improve his ability to function in social situations
- E. Refer the client to those agencies which provide these services

4. OBJECTIVE: Identify legal difficulties

SERVICES:

- A. Determine the need for legal services which would offer the individual protection (criminal acts, debts, garnishments, discrimination, etc.)
- B. Determine the need for legal services which would offer the client's family protection (divorces, support, non-support, wills, etc.)
- C. Determine the individual's rights to recover moneys and properties (plaintiff actions)
- D. Determine the client's legal rights as a potential defendant
- E. Determine the need for services for legal problems the client is currently engaged in

5. OBJECTIVE: Resolve legal difficulties

SERVICES:

- A. Legal counsel from a private attorney
- B. Use of Legal Aid Society
- C. Use of American Civil Liberties Union
- D. Use of Governmental resources (i.e., Attorney General, Department of Human Rights)

6. OBJECTIVE: Identify financial problems

SERVICES:

- A. Determine the amount of money the client and his family need in relationship to current income in order to guarantee a reasonable standard of living
- B. Determine the amount of money or services the client will require to resolve prior debts
- C. Determine the amount of money the client and his family will require in the future
- D. Determine the extent to which the client properly allocates money for different purposes (rent, food, clothing, health, etc.)
- E. Determine the extent to which the client needs long term financial planning (insurance, wills, savings, etc.)

7. OBJECTIVE: Improve financial management

SERVICES: Securing and Allocating Money

- A. Arrange for the provision of those moneys which the client is entitled to and eligible for (Social Security, private pension plans, Workmen's Compensation, Unemployment Compensation, Aid to the Disabled, etc.)
- B. Teach the individual how money should be allocated to cover various needs (e.g., housing, food, clothing, monthly bills, savings, leisure time, past debts, etc.) for the present as well as the future.
- C. Teach the client the best method and procedures to borrow money (e.g., sources of money, interest rates, etc.)
- D. Teach the client how to invest money at the highest possible return .
- E. Assist the client to obtain employment whereby he earns more money (See Employment Section)
- F. Pro-rate debt service
- G. Bankruptcy legal service

SERVICES: Consumer Resources

- A. Determine the extent to which the individual is aware of a reasonable range of goods and services and where they are located or available
- B. Determine whether the individual can evaluate the worth of a consumer product or service in relationship to the price
- C. Determine whether the individual is aware of and can use community resources which would provide him with consumer protection (e.g., consumer protection agencies, Better Business Bureau, etc.)

8. OBJECTIVES: Evaluate Housing

SERVICES:

- A. Determine the space requirements of the client and his family
- B. Determine whether the housing is in acceptable condition according to community housing and health standards
- C. Determine whether there is need for a special facility, or special adaptations to accommodate a physical limitation
- D. Determine whether the location is adequate in terms of health, safety, comfort, and within reasonable proximity to employment, community resources, and facilities
- E. Determine whether the cost of housing is commensurate with the value received and in relationship to the client's income

9. OBJECTIVE: Improve Housing

SERVICES:

- A. Provide financial services which would enlarge, recondition, or assist the client to obtain new housing
- B. Aid in selling present home
- C. Teach the client skills which would enable him to remodel or renovate current housing
- D. Teach the client skills which would assist him in maintaining the current condition of his housing
- E. Aid the client in locating suitable housing
- F. Provide community organization procedures to increase the availability of suitable, low-cost housing

10. OBJECTIVE: Evaluate non-work or recreational needs

SERVICES:

- A. Determine the individual's need for a leisure time program and aid him in selecting an appropriate community resource
- B. Determine individual's ability to utilize a community resource (money requirements, transportation, physical access, etc.)
- C. Determine his ability to benefit from a program which would help him develop social behaviors prerequisite to using a specific community resource

11. OBJECTIVE: Facilitate individual's use of non-work or recreational resources

SERVICES:

- A. Encourage individual to develop new activity resources (e.g., day care center, hobbies, self-education programs, etc.)
- B. Teach the individual how to develop personal and other skills needed in order to be acceptable to a community resource
- C. Provide information to the individual concerning the range of resources available
- D. Provide financing for travel, dues, materials, equipment, etc.
- E. Teach members involved in the community resource those actions which will facilitate the acceptance of the client by the groups
- F. Modify the tasks or activities being used in the community resources to make them more appropriate to clients
- G. Prepare both the client and the resource for the referral and the services

AREA 8 ENABLING AND FACILITATING NON-CLIENT SERVICES

1. OBJECTIVE: Encourage the expansion and adaptation of Secondary Agencies services

SERVICES:

- A. Provide the schools with information concerning the need for new or expanded training opportunities
- B. Provide money to allow schools to create new or expand current occupational training opportunities
- C. Promote legislation to allow the development of new or expanded training opportunities
- D. Provide the schools with information concerning the necessity of modifying current practices
- E. Provide technical assistance to the schools
- F. Provide money to schools which would allow them to modify current practices
- G. Promote legislation which would allow the schools to modify current practices

2. OBJECTIVE: Create job opportunities in labor market

SERVICES:

- A. Create opportunities for self-employment
- B. Create new jobs within a firm where none existed before

3. OBJECTIVE: Modify employment entry, conditions, or climate in industry

SERVICES:

- A. Change the hiring specifications of industry (e.g. educational level requirements, testing and physical examination procedures)
- B. Purchase or arrange for adaptive industrial equipment which facilitates the client's job performance (e.g. Braille switchboard)
- C. Change the job duties or tasks involved in a job
- D. Provide or send written information (e.g., "Hiring the Disabled," "Working with Minority Groups")
- E. Personal contact with individuals within the firm
- F. Conduct meetings with groups (e.g., sensitivity training)

4. OBJECTIVE: Assist employers to resolve certain manpower problems

SERVICES:

- A. Technical assistance to enable employers to develop job descriptions, job analysis data, hiring requirements, and procedures, etc.
- B. Technical information on the labor market conditions (unemployment rates, wage surveys, etc.)
- C. Occupational information such as number of job vacancies, skill surveys, etc.

AREA 9 CONTINUING SERVICES TO WORKERS SERVED 1.

OBJECTIVE: Primary follow-up

SERVICES:

- A. Services provided for 9-30 days
- B. Services provided for 1-3 months
- C. Services provided for up to 6 months
- D. Services provided for an indefinite period of time

2. OBJECTIVE: Long-range occupational growth

SERVICES:

- A. Provide the client with information concerning his long-range vocational potential and the resources he will need to actualize that potential
- B. Provide the employer with information concerning the growth potential of the individual
- C. Provide services which would insure that the initial job obtained by the client would offer a sound base for job progression
- D. Make available continuing services which would reappraise his needs for additional help

APPENDIX G

STANDARDS

STANDARDS

I. Research

1. A reasonable proportion of the operating budget should be allocated toward research.
2. Agencies should make use of research findings done by other agencies.
3. Agencies should have an organized and systematic procedure to insure that the results of research are implemented into operational practice.

II. Personnel

1. Proper conditions must exist to retain staff.
2. Proper utilization of personnel requires the use of staff at a variety of educational levels.
3. Agencies must hire staff who are qualified to provide adequate services.

III. Clients

1. All potential clients must be equally informed concerning the availability of services.
2. Clients should have the right to freely select those agencies and services which they feel they need.

IV. Services

1. Services should be provided to clients even though the problems are not related to the client's unemployment.
2. Services should be offered to those clients who are under-employed.
3. Case responsibility needs to be clearly defined throughout the rehabilitation process.
4. Vocational planning should not take place without an understanding of the client's medical needs.
5. Services to employers which will facilitate the employment of the client should be offered.
6. Vocational planning should not take place without an understanding of the client's psychological and social problems.
7. Follow-up services should be discontinued only when it can be shown that the client needs no services of any kind.
8. Speech, hearing and compensatory services should be provided within the employment system.
9. Agencies which state they are providing services to achieve specific objectives must provide a reasonable range of possible service alternatives.
10. Services need to be provided or arranged for those individuals who can not become competitively employable.
11. Assessment procedures should also include those family members who are in need of services.

V. Organization and Administration

1. Agencies using community resources must have current information about those resources.
2. Public and private agencies should be responsive to the community they serve.
3. Utilization of community resources should be based on costs in relationship to benefits.

4. Organizational structure should be largely based on the objectives and services of the agency.
5. Agencies should make use of those accreditation and professional certification programs which would improve an agency's capabilities to provide services.
6. Money paid to clients for allowances and maintenance costs should be based on need.
7. Money paid to clients for work performed should be based on productivity.
8. Agencies should use comparable methods in describing their objectives and services.
9. Agencies should use comparable methods in calculating costs and relating those costs to benefits.
10. Agencies are responsible to develop reasonable quality control procedures.
11. Consultation and supervision should be readily available in agencies within the system.
12. Agencies should have ready access to any service in the State needed by a client.
13. Acceptance of a client for services should be based on the ability of the agency to provide those services which the client needs and can benefit from.
- 14.. Closure information should be sufficiently precise to allow planners to modify the service system.
15. Services to clients should not be unduly delayed because of the need to go through an additional or "third party" agency.
16. Agencies supplying clients to the employment system need to be provided information concerning acceptance criteria and service capabilities of the service providers.
17. Constant interchange of ideas and information needs to be established between Supplier agencies, Service agencies and Institutions training personnel for the system.
18. Modification in an agency's program should be communicated to and integrated with other community agencies.
19. Agencies should be able to state their objectives in terms which can be measured.

VI Case Records

1. Case records should contain a clear statement of the problem and a description of the services offered.
2. Case records should contain sufficient background information needed to make adequate decisions.
3. Case records should contain sufficient information to permit a review of the worker's performance.

VII. Financing

1. Adequate funds should be available to serve all that need assistance.
2. Funds should be available throughout the entire fiscal or calendar year.
3. Allocation of monies for groups of clients should be responsive to the needs of the community.

VIII. Planning

1. Planning requires information from all of the elements within the employment system.
 2. Data collected by agencies should be of sufficient comparability to be useful in joint planning.
 3. Agencies providing services within the system should provide information to planners concerning the effectiveness and costs of their programs.
- A. Planning must be a continuous activity.

APPENDIX H

INFORMATION SYSTEMS SURVEY QUESTIONNAIRES

1. Line Worker
2. Supervisor
3. Agency Administrator
- 4-. Community Planner

APPENDIX H

INFORMATION SYSTEMS SURVEY - LINE WORKER LEVEL

(Counselor, Placement Specialist, etc.)

Questions:

1. How do you make available to your service providers information about the vocational training courses which can be purchased by your agency and those courses made available through other community agencies (such as MDTA training)?

Some possibilities are: a periodically updated notebook, computer print-out, in-service training courses, etc.

2. What information do you routinely make available about a particular training course or facility?

Some possibilities are: cost of course, length of course, starting dates, whether the training is offered in a residential or non-residential setting, etc.

INFORMATION SYSTEMS SURVEY - SUPERVISOR LEVEL

(Counseling Supervisor, Facilities Specialist, etc.)

Questions:

1. What information do you use in evaluating the effectiveness of a training facility you are using?

Some possibilities are:

Numbers of Cases - number who complete course, number placed in training-related jobs after training, etc. Ratings - counselor ratings, client ratings, etc. Questionnaires - Follow-up client surveys, etc. Ratios - training outcome related to problems of client, etc.

2. What information do you use in evaluating the effectiveness of your own individual counselors?

Some possibilities are:

Numbers of Cases - number of cases served, number of cases closed, etc. Ratings - ratings of counselors made by supervisor, etc. Questionnaires - follow-up questionnaires to clients, etc. Ratios - case outcome related to the kinds or severity of client problems, etc.

Sub-Questions:

- A. How do you categorize the activities engaged in by your agencies service staff?

Some possible dimensions of categorization are:

Time - number of minutes, hours, days per staff member or client (patient)
Contacts - per client or per staff member, people seen this week, etc.
Activities - number of employer contacts, job referrals, placements, etc.
Programs - man-hours available to a program, number of staff on a program, etc.
Geographical location of work station - number counseled per office,
number placements per office, etc.

- B. How do you categorize the outcomes of your service?

Some possibilities are:

Goals - area in which achieved e.g. employment, social, medical, etc.
Quality of outcome from:
Client perspective - client reports he's getting along with bosses, feels better, etc.
Community perspective - free of welfare, no illegal activity, etc.
Counselor perspective - client can now function independently, no more problems we need to work on, etc.
Family perspective - client now a good father and provider, reduced marital disharmony, etc.

C, What categories does your agency use in describing the problems of clients when they begin your services?

Some possibilities are:

Psychiatric model categories such as "schizophrenia;"

Medical model categories such as "cardiac diseases;"

Social model categories such as "broken home, unwed mother," etc,

Employment model categories such as "lack of training," etc.

D. What categories does your agency use to describe the services you provide

or arrange for? Some possibilities are:

In-agency, Out of agency.

Discipline or profession - counseling, casework, etc.

Settings - sheltered work, mental health centers, etc.

Objectives or services - basic education, budgeting, debt adjustment, etc.

INFORMATION SYSTEMS SURVEY - AGENCY ADMINISTRATOR LEVEL

Questions:

1. What are the elements your agency uses in calculating its costs?

Some possibilities areas

- Salaries of line personnel
- Salaries of administrative personnel (including supervisory)
- Fringe benefits
- Clerical support - salaries, supplies
- Building costs, equipment
- Communications
- Travel
- Training costs of staff
- Consultants
- Research and planning
- Grants and aid to other agencies
- Purchased services
 - training, evaluation, treatment, maintenance and support,
 - tools and equipment
- Etc.

2. How are these costs available?

Some possibilities are:

- Aggregate - total agency cost/total number served
- Categories of cases - costs of certain groups of cases
 - special projects
 - those trained
 - by office
 - those rehabilitated
- Individual clients - actual cost based on amount of services provided to an individual client
- Services - total cost of certain services
 - evaluation
 - training for clients
 - allowances
 - counseling
 - other purchased services - for example, medical or psychiatric exams

INFORMATION SYSTEMS SURVEY - COMMUNITY PLANNER LEVEL (State

Planning Agency, Community Health and Welfare Council, etc.) Question:

If requested to by a community planning body, could you periodically provide the following information based on all persons who receive your services:

- A. Age? A2 In your reporting, how would age be categorized?
- B. Sex?
- C. Race? C1 In your reporting, how would race be categorized?
- D. Marital Status? D1 In your reporting, how would marital status be categorized?
- E. No. of Dependents? E1 In your reporting, how would you categorize number of dependents?
- F. Education? F1 In your reporting, how would you categorize education?
- G. Source of Referral? G1 In your reporting, how would you categorize source of referral?
- H. Source of Support? H1 In your reporting, how would you categorize source of support?
- I. Other agency contacts of the client made prior to your intake. 11 In your reporting, how would you categorize other agency contact of the client prior to your intake?
- J. Reason why person is not working. J1 In your reporting, how would you categorize the reason the client is not working?